

REC'D SEP 26 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29418
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 516
 (b) Township Medicine Primary Registration District No. 5678
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JENNIE K. LIGHTNER

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Lightner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 4 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville Ill

FATHER 13. NAME Richard Ridgway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Julia Longwith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Lightner
Med. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wallace Cem DATE Aug 13, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Robertson
Laredo, Mo.

20. FILED Aug 13, 1938 Mrs. L. Boone
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1938, to Aug 11, 1938

I last saw her alive on Aug 10, 1938. Death is said to have occurred on the date stated above, at 6 Am.

The principal cause of death and related causes of importance were as follows:

Tubercular Pneumonia
8.5.38

Other contributory causes of importance: 2° Colitis

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____ (Signed) W. H. Messinger, M. D.
Whelby, Mo. (Address) 460

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

E. J. Robertson

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

E. J. Robertson

Licensed Embalmer No. *2468*

P. O. Address.....

Fairfax, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.