

REC'D APR 11 1939

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

11023  
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391  
(b) Township Arcadia Primary Registration District No. 5546 Registered No. 17  
(c) City Arcadia (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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

230 Albert Christopher Light  
(a) Residence, No. 8 Arcadia 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Light  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1861  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
77 6 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired  
9. Industry or business in which work was done, as saw mill, bank, etc. farmer  
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Reynolds Co. Mo. (STATE OR COUNTRY)

13. NAME Israel Light  
14. BIRTHPLACE (CITY OR TOWN) North Carolina (STATE OR COUNTRY)

15. MAIDEN NAME Mary Monger  
16. BIRTHPLACE (CITY OR TOWN) Vermont (STATE OR COUNTRY)

17. INFORMANT Marvin Light (ADDRESS) Arcadia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Monger Mo. DATE April 2, 1939

19. FUNERAL DIRECTOR Norman White & Sons (ADDRESS) Ironton Mo.

20. FILED Apr 16, 1939 Karl Rasche Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1939, to March 31, 1939  
I last saw him alive on March 30, 1939. Death is said to have occurred on the date stated above, at 3.20A m.

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

myocarditis

Date of onset

Other contributory causes of importance: 92 PAI

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? NO  
If so, specify \_\_\_\_\_  
(Signed) George Day, M. D.  
(Address) Ironton Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

U.S. GOVERNMENT PRINTING OFFICE: 1937

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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**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.)**