

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

35888
 Do not use this space.

1. PLACE OF DEATH ~~PHILADELPHIA~~ **Cole** ²⁰ Registration District No. **211**
 (a) County **Marion** ¹ Primary Registration District No. **5291**
 (b) Township **Marion** or City (d) Street No. _____ St.
 (c) City _____ (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 **John Wesley Light**
 (a) Residence, No. **Marion MO** 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 **Ella Light**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **11.18. 1876**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
62 11 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**

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) **1 yr** 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Phelps Co**

13. NAME **Elbert Light**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Phelps Co**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mrs Ella Light** (ADDRESS) **Centerton Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Maddiona Cemt** DATE **Oct 18th 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Jack Bowlin** **California Mo**

20. FILED **Oct 18 1939** **H. L. Beach** **Local Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10 - 16 . 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 16 AM 1939** to **Oct. 16 PM 1939**
 I last saw him alive on **Oct. 16**, 19**39**. Death is said to have occurred on the date stated above, at **7 P.M.**
 The principal cause of death and related causes of importance were as follows:
Cancer of tongue Date of onset **May 1934**
+ Buccal surface
45
 Other contributory causes of importance:
Hemorrhage due to Oct 16 1939
Cancerous lesion

Name of operation **None** Date of _____
 What test confirmed diagnosis? **Biopsy** 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? **No**
 If so, specify _____
 (Signed) **Karl Bergquist**
 (Address) **Centerton, Mo.**

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl P. Boulton

Licensed Embalmer No. 2126

P. O. Address California

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.