No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 8 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15693

Registration District No. 653 Primary Registration District No. 5864 Registrar's No. 25

1. PLACE OF DEATH:

(a) County Pemiscot

(b) ~~City or town~~ Hayt Rural Twp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community 13 days 15?

2. USUAL RESIDENCE OF DECEASED:

(a) State Pemiscot (b) County ____

(c) City or town Hayt

(If outside city or town limits write "RURAL")

(d) Street No. ____

(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Robert James Livingston

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased March (Month) 16 (Day) 1940 (Year)

8. AGE: Years ____ Months ____ Days 13 If less than one day ____ hr. ____ min.

9. Birthplace Hayt (City, town, or county) MO (State or foreign country)

10. Usual occupation Infant

11. Industry or business ~~Jesse Smith Jr~~

MOTHER FATHER

12. Name ~~Jesse~~ Illegitimate 9

13. Birthplace ~~Hayt~~ (City, town, or county) ____ (State or foreign country)

14. Maiden name Bertha Livingston

15. Birthplace Hayt (City, town, or county) MO (State or foreign country)

16. (a) Informant Otha Buchanan

(b) Address Hayt R. 1 Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)

(c) Place: burial or cremation County Farm

18. (a) Signature of funeral director Friends 1-1-40

(b) Address ____

19. (a) 3-29-40 (Date received local registrar) (b) Pearl Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1940 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death I don't Know Possibly some deformation as History given

Due to ____

Due to ____

Other conditions ____ (Include pregnancy within 3 months of death)

Major findings: Of operations ____

Of autopsy ____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Jack Kelley (M. D. or other) Coroner

Address Hayt Mo Date signed 3-29-40

(Licensed Embalmer's Statement on Reverse Side)

4-40-12

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.....

Licensed Embalmer No.....

P. O. Address.....

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.