

FILED OCT 18 1940

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32653

State File No. _____

Registration District No. 604

Primary Registration District No. 4358

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County New Madrid
 (b) City or town New Madrid
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20
 (Specify whether
 In this community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County New Madrid
 (c) City or town New Madrid
 (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 Baby Livingston
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 19
 year 40 hour 10 minute 15 A.M.

4. Sex F. **5. Color or race** W
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife Long **6. (c) Age of husband or wife if** alive _____ years
7. Birth date of deceased: 9 (Month) 19 (Day) 40 (Year)

21. I hereby certify that I attended the deceased from Birth to
death, 1940 to 9-19-40, 19____;
 that I last saw her alive on 9-19-40, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day
 hr. 30 min.

Immediate cause of death
Pneumonia (6 mo)
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace New Madrid Mo. (City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____

MOTHER { **12. Name** John Livingston
13. Birthplace Blodgett Co Mo. (City, town, or county) (State or foreign country)
14. Maiden name Stacy Little
15. Birthplace New Madrid Co Mo. (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant John Livingston
(b) Address New Madrid
17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 9-20-40 (Month) (Day) (Year)
(c) Place: burial or cremation M.A. Str. Mo
18. (a) Signature of funeral director none
(b) Address _____
19. (a) 9/20/40 (Date received local registrar) **(b)** Wm N. O'Bannon (Registrar's signature)

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? _____
 While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. O'Bannon (M. D. or other) _____
Address New Madrid Mo **Date signed** 9-19-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 2

District File Number 1070-73

Date Filed 10/1/40

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.