

Registration District No. 2

Primary Registration District No. 5280

Registrar's No. 76

NOV 19 1940

1. PLACE OF DEATH:  
(a) County Clay  
(b) City or town Rural Liberty Twp  
(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 \_\_\_\_\_ (Specify whether)  
In this community Life years, months or days

3. (a) PRINT FULL NAME DORA E. LIVINGSTON  
3. (b) If veteran,  name war \_\_\_\_\_  
3. (c) Social Security No.  \_\_\_\_\_

4. Sex M 5. Color or race M  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife George W. Livingston  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: April 14 1885  
(Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Liberty (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Augusta Bishop

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name Louise Steinmetz

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant's own signature Margaret Livingston  
(b) Address R#1 Liberty Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Harmon Liberty Mo

18. (a) Signature of funeral director Charles W. W. Co  
(b) Address Liberty Mo  
19. (a) Oct. 24-40 (Date received local registrar) (b) Helen Early (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Clay  
(c) City or town Rural Liberty R#1  
(If outside city or town limits, write "RURAL")  
(d) Street No. near Rooterville  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.  years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23  
year 1940 hour 3 minute \_\_\_\_\_ P.M.  
21. I hereby certify that I attended the deceased from Oct 10/23, 1940 to 10/23, 1940;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Charles W. W. Co (M. D. or other) 1  
Address Liberty Mo Date signed 10/24/40

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.

RECEIVED  
District Health Officer No. 8,  
District File Number 11-13-42  
Date Filed

**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

*Edgar Archer*

Licensed Embalmer No.

3311

P. O. Address

*Liberty Mo*

**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.**