DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40061

Registration District No. 906 Primary Registration District No. 6217 Registrar's No.

DEC 5 - 1940

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

1. PLACE OF DEATH:

(a) County WRIGHT

(b) City or town Norwood — Rural Hart 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 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT

(c) City or town Norwood - Hart Twp - Rural (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 John A. Lightfritz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Mary E Lightfritz

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Oct (Month) 18 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
63	0	14	hr. min.

9. Birthplace WASHINGTON Co. (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Oil Refinery Worker

11. Industry or business

FATHER
12. Name John A Lightfritz
13. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Davis
15. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mary E Lightfritz

(b) Address Norwood Mo

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

(c) Place: burial or cremation

18. (a) Signature of funeral director C. A. Steffe

(b) Address MANSFIELD MO

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1 year 1940 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov 1, 1940, to Nov 1, 1940, that I last saw h alive on 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

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 (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 F. A. Stiff

Licensed Embalmer No. 3221

P. O. Address Mansfield Mi

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.

No. 2B
2-21-40
I X22659

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

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BUREAU OF THE CENSUS

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STANDARD CERTIFICATE OF DEATH

State File No. 40061

Registration District No. 906 Primary Registration District No. 6217 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Wright

(b) ~~City or town~~ Hart T.P.
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 John a Lichtfritz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	0	14	hr. min.

9. Birthplace Washington Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Oil Refinery Worker

11. Industry or business

FATHER
12. Name John a Lichtfritz
13. Birthplace (City, town, or county) Unk (State or foreign country)

MOTHER
14. Maiden name Emily Davis
15. Birthplace (City, town, or county) Unk (State or foreign country)

16. (a) Informant Mary E Lightfritz
(b) Address Norwood Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director F a Steffen
(b) Address Mansfield Mo

19. (a) [illegible] (Date received local registrar) (b) Ella Claxton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Nov day 1
year 1940 hour minute 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 Mitral Insufficiency

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 L L Vannoy (M. D. or other)
Address Date signed

1940
S-40061