

No. 2  
4-13-40  
5-17-39

State File No. ....

JAN 25 1941 698  
Registration District No. ....

Primary Registration District No. 4420

Registrar's No. ....

83  
5  
0

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

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Weston  
(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 born here   
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Weston  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

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

3. (a) PRINT FULL NAME Albert Bolby Light

(b) If veteran,  name war ✓

(c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21  
year 1940 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from Sept 4, 1939, to Dec 21, 1940  
that I last saw him alive on Dec 21, 1940  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

(b) Name of husband or wife Mathe Beck Light

(c) Age of husband or wife if alive 29 years 1855  
(Month) (Day) (Year)

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

Immediate cause of death Bronchopneumonia  
Influenza

Duration 2 days  
4 "

8. AGE: Years 84 Months 11 Days 22  
If less than one day hr. min.

Other conditions Ch. Nephritis  
(Include pregnancy within 3 months of death)

Duration Aschner (long standing)  
Endocarditis chronic

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

10. Usual occupation Farmer (Retired)

Other conditions Ch. Nephritis  
(Include pregnancy within 3 months of death)

11. Industry or business

12. Name John Light

13. Birthplace not known  
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known  
(City, town, or county) (State or foreign country)

Major findings: Of operations none 121

Of autopsy none

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

16. (a) Informant Mrs Herman Jones

(b) Address Weston Mo

17. (a) Burial (b) Date thereof Dec 23 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill

18. (a) Signature of funeral director J. H. Brill

(b) Address Weston Mo

19. (a) 12/22/40 (b) J. H. Brill  
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
628 (Specify type of place)  
While at work? no (2) Means of injury none

23. Signature R. J. Telling (M.D. or other) D.O.  
Address Weston Date signed 12/25/40

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**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, fact should be so stated above.**