

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11504

APR 24 1942

Registration District No.

Primary Registration District No. 5-8-2-3 11512

Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Elmo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway
(c) City or town Elmo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Francis Marion Livengood
3. (b) If veteran, name war
3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 31 year 1942 hour 4:00 minute 0 M.
21. I hereby certify that I attended the deceased from Jan 1 1942 to Mar 31 1942
that I last saw him alive on Mar 30 1942 and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage Duration 36 hrs

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased February 18 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Elmo Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer retired

11. Industry or business

MOTHER FATHER { 12. Name Jacob Livengood
13. Birthplace Ind 1
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Starnes
15. Birthplace Ind 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Livengood
(b) Address Elmo, Mo

17. (a) Burial (b) Date thereof April 2 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bradlyville Ia.

18. (a) Signature of funeral director Francis Livengood
(b) Address Marionville, Mo

19. (a) Apr 1 1942 (b) Mrs. V. G. Carpenter
(Date received local registrar) (Registrar's signature)

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 430!

Major findings:
Of operations
Of autopsy
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?

While at work? (Specify type of place) (e) Means of injury 0
23. Signature [Signature] (M. D. or other) 0
Address Elmo Mo Date signed 4/1/42

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

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.....

Clem M. Pucci

Licensed Embalmer No. *1822*

P. O. Address *Mayfield, 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, fact should be so stated above.