

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17049

State File No. _____

FILED
99

Primary Registration District No. 1002

Registrar's No. 1973

1. PLACE OF DEATH: Jackson, Kansas, Liberal

(a) County: Jackson, Kansas

(b) City or town: Liberal

(c) Name of hospital or institution: St. Luke's Hospital

(d) Length of stay: In hospital or institution 1 day

In this community 3 days

2. USUAL RESIDENCE OF DECEASED: 999

(a) State: Kansas (b) County: _____

(c) City or town: Liberal

(d) Street No. _____

(e) Citizen of foreign country? X No.

3. (a) PRINT FULL NAME: Charles Moses Light,

3. (b) If veteran, name war: No.

3. (c) Social Security No. No.

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Melvina Light,

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: January 1st 1878

8. AGE: Years 64 Months 4 Days 19

9. Birthplace: Missouri, _____

10. Usual occupation: Farmer and Banker

11. Industry or business: X

12. Name: George W. Light,

13. Birthplace: Connecticut, _____

14. Maiden name: Unknown,

15. Birthplace: Unknown, _____

16. (a) Informant: Mrs. Melvina Light,

(b) Address: Liberal Kansas,

17. (a) Removal: _____ (b) Date thereof: 5-20-42

(c) Place: burial or cremation: Liberal, Kansas,

18. (a) Signature of funeral director: Stine & McClure,

(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) _____ (b) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 20th, year: 1942 hour: 3:07 minute: P. M.

21. I hereby certify that I attended the deceased from April 2 to May 20, 1942

that I last saw him alive on May 20, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho pneumonia

Due to: Pulmonary Edema

Due to: Pulvic phlebitis

Other conditions: Prostatic obstruction from malignant

Major findings: Trans. Urethral Prostatic Resection

Of operations: _____

Of autopsy: Broncho-pneumonia & heteropneumonia

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature: _____ (M. D. or Public Health Officer)

Address: 1019 P.H. Bldg Date signed: 5/20/42

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

MOTHER { FATHER {

78332

547

120/142

JUN 14 1949

Dr. Lee Hoffman

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.