

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34433

State File No.

FILED NOV 13 1942

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville Mo.
(c) Name of hospital or institution:
320 So. Vine st.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 320 South Vine (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1942 hour 12 minute 30P M.
21. I hereby certify that I attended the deceased from Oct 12
1942 to Oct 21 1942
that I last saw him alive on Oct 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chr. Myocarditis
Arteriosclerosis
Due to _____
Due to _____
Other conditions:
(Include pregnancy within 3 months of death) 93d

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

Thomas R. Livengood

3. (b) If veteran,

name war No

3. (c) Social Security

No. _____

4. Sex Male

Color or race white

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

6. (b) Name of husband or wife Sarah Livengood

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

7. Birth date of deceased Jan. 23 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 8 28 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name George W. Livengood

13. Birthplace Sugar Creek Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Francis Rutledge

15. Birthplace Greencastle Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah Livengood
(b) Address 320 So. Vine Maryville Mo

17. (a) burial (b) Date thereof Oct. 23 1942
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F Cem. Elmo Mo

18. (a) Signature of funeral director Pice Funeral Home
(b) Address Maryville Mo

19. (a) Oct 22 1942 (b) Mary Coile
(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) _____
(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 J.M. Bayles (M. D. or other) _____
Address Maryville Date signed 10-27-42

(Licensed Embalmer's Statement on Reverse Side)

1268

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 *W. J. Lee*

Licensed Embalmer No. *2539*

P. O. Address *Maryville 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.