

FILED DEC 3 1942

Registration District No. 178

Primary Registration District No. 3017

State File No. 148  
Registrar's No. 148

1. PLACE OF DEATH:

(a) County. COOPER  
(b) City or town. BOONVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ALEX VAN RAVENSWAY  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 8 DAYS  
(Specify whether  
In this community. SAME  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. MORGAN  
(c) City or town. VERSAILLES R.F.D. 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. RURAL  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country -

3. (a) PRINT FULL NAME MR. LAFAYETTE LIGHT

3. (b) If veteran, name war WORLD #1 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or Race W. 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife. FRANCES, 6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased JAN. 20, 1892  
(Month) (Day) (Year)

8. AGE: Years 50, Months 10, Days 2, If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation FARMING.

11. Industry or business FARM.

MOTHER FATHER { 12. Name WILLIAM LIGHT.  
13. Birthplace MICHIGAN.  
(City, town, or county) (State or foreign country)  
14. Maiden name JENNIE WALKER.  
15. Birthplace MICHIGAN.  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Frances Light  
(b) Address Boonville, Mo.

17. (a) BURIAL (b) Date thereof 11/25/42.  
(Burial, cremation, or removal) MT. WASHINGTON (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director. A. J. Cabell

(b) Address Versailles, Mo.

19. (a) NOV-22 (b) Dr Chas Swap.  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month NOV day 22  
year 42 hour 8:15 minute A.M.

21. I hereby certify that I attended the deceased from 11-14  
1942 to 11-22, 1942  
that I last saw him alive on 11-21, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. GAS GANGRENE INFECTION  
INW.  
Due to GUNSHOT WOUND OF THIGH 8 DAYS

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (c) Means of injury ✓

23. Signature Dubroy A. Kelly (M. D. certifier)  
Address Boonville, Mo. Date signed 11-22-42

DEC 16 1942

RECEIVED

District Health Officer No. 8,

District, File Number.....

Date Filed 12-1-42

DEC 9 - 1942  
DEC 1 - 1942

DEC 9 1945

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.....

*A. T. Kewell*

Licensed Embalmer No. 1596

P. O. Address Wesleyville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36973

Registration District No. 218

Primary Registration District No. 3017

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Boonville  
(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)

3. (a) PRINT FULL NAME Lafayette Light  
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: Jan 20 (Month) (Day) (Year)

8. AGE: Years 20 Months \_\_\_\_\_ Days \_\_\_\_\_ if less than one day \_\_\_\_\_ min.

9. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

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

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

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

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) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death gas gangrene Duration 1 week  
infection

Due to \_\_\_\_\_

Due to gunshot wound of thigh 8 days

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: 166  
Of operations at home by an assassin  
Of autopsy assassin

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) Domicide

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? Morgan County, Mo.  
(City or town) (County) (State)

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

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Hubert H. Wells (M. D. or other) \_\_\_\_\_  
Address Boonville, Mo. Date signed 12-22-42

SUPPLEMENTARY

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

