DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -6 1943

Registration District No. 1333

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40861

Primary Registration District No. 3022

Registrar's No. 103

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

1. PLACE OF DEATH: 41
(a) County Harrison
(b) City or town Bethany Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community No.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 41
(a) State Missouri (b) County Harrison
(c) City or town Bethany Mo.
(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

3. (a) PRINT FULL NAME Martha Jane Livingston
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles B. Livingston
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 12, 1857 (Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Licking County Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Samuel Ridenour
13. Birthplace Do not know Ohio (City, town, or county) (State or foreign country)
14. Maiden name Lucia Shull
15. Birthplace Fairfield County Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. J. R. Mills
(b) Address Bethany, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 28, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Monroe, Iowa
18. (a) Signature of funeral director S. M. Kaan
(b) Address Bethany, Mo.
19. (a) 12/28/42 (Date received local registrar) (b) John M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1942 hour 4 minute 00 A.M.
21. I hereby certify that I attended the deceased from 9-29 1942 to 12-22 1942 that I last saw her alive on 12-22 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Failure	
Due to Senility	
Due to Arthritis deformans	
Other conditions — (Include pregnancy within 3 months of death)	

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? (Specify type of place)
While at work? — (e) Means of injury —
23. Signature R. P. Lydda Jr. (M. D. or other)
Address Bethany Mo. Date signed 12-28-42

305 (Licensed Embalmer's Statement on Reverse Side)

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 Melvin B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, M

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

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

No. 2B
—8-21-41
I X29288

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

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40861

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 103

1. PLACE OF DEATH:
(a) County: Harrison
(b) City or town: Bethany
(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 years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Harrison
(c) City or town: Bethany
(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:

3. (a) PRINT FULL NAME: Martha J Livingston
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Wid
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct 12 (Month) — 18 (Day) — 56 (Year)
8. AGE: Years 85 Months 2 Days 12 If less than one day: hr. min.
9. Birthplace: Ohio (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Samuel Robinson
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
14. Maiden name: Lucia Shull
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant:
(b) Address:
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation:
18. (a) Signature of funeral director:
(b) Address:
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 23 year: 1942 hour: minute: M.
21. I hereby certify that I attended the deceased from: 19 to 19; that I last saw h. alive on: 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis Heart failure and myocardial degeneration	
Due to: senility	4 yrs.
Due to: Arteritis Deformans	
Other conditions (Include pregnancy within 3 months of death):	
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? — (c) Means of injury:

23. Signature: B. R. Lydda, Jr. (M. D. or other)
Address: Bethany, Mo. Date signed: 1-30-43

SUPPLEMENTARY