

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1821

State File No. _____

FILED JAN 19 1943

Registration District No. 54

Primary Registration District No. 4079

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Carrollton
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 41 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Carrollton 103
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME MARTIN ANDREW LIVELY

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Millie A. Lively 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased October 8, 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 22 hr. _____ min. _____
If less than one day

9. Birthplace Perry Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Lively
13. Birthplace Not known 9
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Krapp
(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof Dec 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kyrison Cem. Mo.

18. (a) Signature of funeral director Alvin S. Merquand
(b) Address Admission Mo.

19. (a) Dec 8, 1942 (b) A. H. Mache
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1942 hour 9 minute 05 A. M.

21. I hereby certify that I attended the deceased from Sept 1st
1941 to Nov 30 19 42
that I last saw him alive on Nov 10 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver 2 yrs
Due to Cancer penis
Due to which was amputated
about 11 yrs ago
Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings: _____
Of operations 512
Of autopsy _____
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 _____

23. Signature W. W. Davault (M. D. or other) MD
Address Allenville Mo Date signed Dec 2

1135 (Licensed Embalmer's Statement on Reverse Side)

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

688

142

RECEIVED

District Health Officer No. 4
District File Number 143-1639
Date Filed 1-18-42

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.