

REG. JUN 7 1943
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days
(Specify whether years, months or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1811 E. 35th
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry Livingston

3. (b) If veteran, name war no

3. (c) Social Security No. 991-10-2883

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1943 hour 7 minute 06 P.M.

4. Sex male 5. Color or race red

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

6. (b) Name of husband or wife Helma Livingston

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased Feb 18 1914
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 14, 1943, to May 25, 1943, that I last saw him alive on May 25, 1943, and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>29</u> | <u>3</u> | <u>7</u> | _____ hr. _____ min. |

Immediate cause of death pulmonary embolism

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

Due to _____

Due to _____

10. Usual occupation laborer

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations _____

12. Name Carl Livingston

Of autopsy _____

13. Birthplace Clinton Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Willa Williams

15. Birthplace Plattburg Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Livingston

(b) Address 5304 Lake av. St. Joseph Mo.

17. (a) Burial (b) Date thereof 5 27 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattburg Mo.

18. (a) Signature of funeral director Funeral Home

(b) Address Plattburg Mo.

19. (a) 5-26-43 (b) W. M. Grove
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Drury R. Thorne (M. D. or other) _____
Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

NOV 8 1945

DEC 7 1943

APR 27 1944

77-01-148

FEB 23 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..... *Paul D. Lyon*

Licensed Embalmer No..... *3640*

P. O. Address..... *Plattsburg 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.