

May 11

19307

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 11 1943

Registration District No. 354

Primary Registration District No. 6198

Registrar's No. 24

1. PLACE OF DEATH

(a) County TEXAS

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

(c) Name of hospital or institution: 1

(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 5 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 107

(a) State MISSOURI (b) County TEXAS

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

(d) Street No. Cass Twp. near Solms.
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Arthur Thomas Light

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased APRIL 15 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>70</u>	<u>0</u>	<u>25</u>	hr. _____ min.
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9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name James W Light

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

14. Maiden name Unknown

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

16. (a) Informant Josephine Light

(b) Address 1841 N. 30th St. N. C. Mo

17. (a) Burial (b) Date thereof May 11/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Dale

18. (a) Signature of funeral director Emory Vellott

(b) Address Cabool Mo

19. (a) May 11-1943 (b) Mr. Lon Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1943 hour 1 minute AE M.

21. I hereby certify that I attended the deceased from April 30, 1943, to May 10, 1943
that I last saw him alive on May 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis

Due to _____

Due to _____

Other conditions: 131 R
(Include pregnancy within 3 months of death)

Major findings: 131 R

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) (e) Means of injury _____

23. Signature Dr. Edens (M. D. or other) _____
Address Cabool Mo Date signed May 10 43

Duration 1 yr

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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RECEIVED

District Health Officer No. 5,

District File Number 643375-

Date Filed 6-8-42

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 Gaylad V. Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool 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, above space should be left blank.