No. 2
1-4-41
17-39
X28330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21461

State File No.

FILED JUN 17 1943

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 97

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

1. PLACE OF DEATH:

(a) County Henry

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

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

(d) Length of stay: In hospital or institution 80 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No

If yes, name country

3. (a) PRINT FULL NAME William U Light

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mollie Hardy

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug (Month) 16 (Day) 1868 (Year)

8. AGE: Years 74 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Railroad Employee Retired

11. Industry or business Office Work

MOTHER FATHER

12. Name Sandal Light

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

14. Maiden name Not Known

15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Chester Smith

(b) Address Appleton City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City Cem

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City Mo

19. (a) May 11, 1943 (Date received local registrar) (b) Georgia Ketchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1943 hour 07 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 1, 1943, to May 9, 1943; that I last saw him alive on May 5, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic nephritis & uremia	4 wks
Due to: Senile prostatism	2 yr
Due to:	
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 H Lewellen (M. D. or other) M D

Address Clinton Mo Date signed 6-9-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-43-547
Date Filed 6-14-43

DEC 7 1943

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 me on the 9th day of May 1943, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton Cel

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

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