

S. No. 2  
OM-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23929

State File No. \_\_\_\_\_

FD AUG 11 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3248

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:  
1204 West 71st Street Terrace /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 27 Years (Specify whether years, months or days)

In this community 27 Years (Specify whether years, months or days)

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. 1204 West 71st Street Terrace  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Loretta Light

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th  
year 1943 hour 7 minute 10 P. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband of wife Mr. Corwin Light

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

7. Birth date of deceased January 3 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1933 to July 25 1943  
that I last saw her alive on July 25 1943  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>6</u>	<u>22</u>	hr. <u>--</u> min.

Immediate cause of death Coriatic failure

Due to myocarditis 7 yrs.

Due to Arteritis about 10 yrs - 10 yrs -

9. Birthplace Chanute Kansas /  
(City, town, or county) (State or foreign country)

Other conditions 93e!  
(Include pregnancy within 3 months of death)

10. Usual occupation At Home

11. Industry or business --

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER

12. Name Daniel Noyes

13. Birthplace Bangor Maine /  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

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 \_\_\_\_\_

16. (a) Informant Mrs. T. E. Nave

(b) Address 1204 West 71st Street Terrace

17. (a) Burial Burial (b) Date thereof July 27, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or crematory Lees Summit, Missouri

18. (a) Signature of funeral director D. W. Newcomer  
(Signature)

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-26-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature Clyde Sinker (M. D. or other)  
Address 636 English Blvd. Date signed 7-26-43

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

**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

*N. C. Newcomer Jr*

Licensed Embalmer No.

*4043*

P. O. Address

*N. C. Me.*

**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.**