

FILED MAR 8 1944

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

Registration District No. 114

Primary Registration District No. 5644

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Livingston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 5 mi. S. Liv  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community live years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette  
(c) City or town Livingston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 mi. S. Liv  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ROBERT D. REGISTER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex ma 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife mal de Lana 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 27 1874  
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lafayette Co. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Matthew Register

13. Birthplace not known  
(City, town, or county) (State or foreign country)

14. Maiden name Wheat

15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Schmitt

(b) Address Livingston MO

17. (a) Burial (b) Date thereof 2-25-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston MO

18. (a) Signature of funeral director Thyges

(b) Address Livingston

19. (a) 3-2-44 (b) Mrs. G. Schwaab  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23  
year 1944 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Feb 2 1944 to Feb 23 1944  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Chronic Nephroses & Pericarditis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93d  
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: J. A. [unclear] (M. D. or other) \_\_\_\_\_

Address Livingston MO Date signed 2/23/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

*Payne*

**RECEIVED**  
District Health Officer No. 8,

**MAY 12 1944**

District File Number \_\_\_\_\_  
Case Filed 3-7-44

**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 *Farrist Temple* :

Licensed Embalmer No. 3275-

P. O. Address *Lexington, Va*

**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.**