

FILED APR 7 1944

Registration District No. 114

Primary Registration District No. 30.35

Registrar's No. 19

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

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: 19th Bloom
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life 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. 19th Bloom
(If rural, give location)

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

3. (a) PRINT FULL NAME EMMA A LAUCK

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21 year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 10 1944 to March 21 1944 that I last saw him alive on March 21 1944 and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased Feb 23 1861
(Month) (Day) (Year)

Immediate cause of death Acute myocardial degeneration with pulmonary edema Duration 24 hrs

Due to Coronary Thrombosis + Arteriosclerosis 6 days

Due to _____ years

8. AGE: Years 83 Months 0 Days 28 If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) 94a

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

10. Usual occupation at home

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Hickman Costell

13. Birthplace Ind 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elliott

15. Birthplace Ind 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Cecil Smith

(b) Address Asbury MO

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? _____

17. (a) Burial (b) Date thereof 3-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston, MO

18. (a) Signature of funeral director J. J. [unclear]

(b) Address Livingston, MO

19. (a) March 22 - 44 (b) Mrs. Fred Schwab
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) _____

23. Signature W. J. Beltram (Specify type of place) _____
Address Livingston MO Date signed 3-31-44

RECEIVED

District Health Officer No. 8

District File Number -----

Date Filed 4-6-41

Rehman

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 *Lu McKean*

Licensed Embalmer No. 2983

P. O.-Address *Livingston Ave*

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.