

FILED NOV 14 1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4383

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Trinity Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hrs
(Specify whether years, months or days)

In this community 12 dys
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Madison 999

(c) City or town Winterset 13
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Geo W. Light

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Linnie Light 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Nov 16 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>11</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace No Record Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation Gro. Clerk

11. Industry or business retired

MOTHER FATHER

12. Name Jordan Light

13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

14. Maiden name Nelson

15. Birthplace No R cord 9
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Light

(b) Address 4911 Walrond

17. (a) Removal (b) Date thereof 10-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winterset Iowa

18. (a) Signature of funeral director Edwin Roe

(b) Address 7406 Wornall Rd

19. (a) 10-31-44 (b) T. E. Brown (13)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1944 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from October 29 1944
to October 29 1944 1944
that I last saw h. in live on Oct 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis 1 year
Serum
Arteriosclerosis

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months)

Major findings: Of operations None 93 d

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 M. B. Caselott (M. D. or other) 10/29/44
Address 4002 Bellevue Ave

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1-18-44

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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.....

Licensed Embalmer No. 2810

P. O. Address.....

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.