

FILED APR 4 1946

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

Registration District No. 118

Primary Registration District No. 5732

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Sullivan, Rural Meramec Supp.  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 3 years  
(Specify whether years, months or days)

In this community 38 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

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

(d) Street No. Route 2  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eliza Jane Livingston

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16  
year 1946 hour 11 minute 45 P.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John W. Livingston

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

Birth date of deceased Oct 3 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1945 to 3-16-1946

that I last saw her alive on 3-16-1946 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>6</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Hypostatic pneumonia

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

9. Birthplace Le Claire Iowa  
(City, town, or county) (State or foreign country)

Due to Senile Dementia

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

10. Usual occupation Housekeeper

11. Industry or business Home

Major findings: none

Of operations \_\_\_\_\_

MOTHER FATHER

12. Name James Hoff

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

14. Maiden name Margaret Johnson

15. Birthplace Unknown Iowa  
(City, town, or county) (State or foreign country)

Of autopsy none

22. If death was due to external causes, fill in the following:

16. (a) Informant Norman Livingston

(b) Address Sullivan, Mo

17. (a) Burial (b) Date thereof 3-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.O.C.F. Sullivan Mo

(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? \_\_\_\_\_

18. (a) Signature of funeral director Thos. P. Sheffer

(b) Address Sullivan Mo

19. (a) 3-19-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Sullivan Date signed [Signature]

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

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 4-3-46

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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. me,  
working under my personal supervision.

Signed Robert M Murray  
Licensed Embalmer No. 3749  
P. O. Address Sullivan Mo.

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.