

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 185

Primary Registration District No. 4301

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Meadville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Meadville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT

FULL NAME Sarah Ann Light

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

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

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

7. Birth date of deceased July 21 1867
(Month) (Day) (Year)

8. AGE: 78 Years 10 Months 9 Days
If less than one day hr. _____ min.

9. Birthplace Pittston Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name John W. Evans

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

14. Maiden name Hannah R. Evans

15. Birthplace Rhyl Wales
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles O. Light

(b) Address Meadville, Missouri

17. (a) Burial (b) Date thereof 6-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meadville, Mo.

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) June 1 - 1946 (b) Chris O. Martens
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th
year 1946 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 25, 1946, to May 30, 1946, that I last saw her alive on May 30, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Pulmonary Edema
Due to Chronic Hypertensive
Hypertension

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 1318
1. Of operations _____
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? _____

(Specify type of place) _____
While at work _____ (e) Means of injury _____
23. Signature S. H. Hanson (M. D. or other) 2
Address Meadville Mo. Date signed 6-1-46

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

16162

169

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

..... Elton F. Norman, Registered Apprentice No.....
working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No..... 4036

P. O. Address Chillicothe, 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.

James P. ... 1941-8-20