

S. No. 2
M-5-43
5-17-39
I X3667

FILED AUG 42

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 868

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution M. E. Hospital
(If not in hospital or institution, write street number or location)

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

In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Freemore Rural
(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 PLEASANT LIGHTLE

(b) If veteran, name war no

(c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1946 hour 3 minute 15 p. M.

21. I hereby certify that I attended the deceased from July 27 1946 to July 29 1946, that I last saw him alive on July 29 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced w 2

6. (b) Name of husband or wife no information

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

7. Birth date of deceased June 19 1860
(Month) (Day) (Year)

Immediate cause of death peritonitis, Duration 4 days

Due to untreated obstruction 8 days

Due to Right ureteral hernia ?

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

8. AGE: Years 86 Months 1 Days 10
If less than one day hr. _____ min. _____

9. Birthplace Quincy (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Samuel Lightle

13. Birthplace no record (City, town, or county) no record (State or foreign country)

14. Maiden name no record

15. Birthplace no record (City, town, or county) _____ (State or foreign country)

16. (a) Informant Doyle Lightle

(b) Address Freemore, Mo

17. (a) B. (b) Date thereof 7-31-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freemore

18. (a) Signature of funeral director E. C. Fleet

(b) Address Freemore, Mo

19. (a) Aug. 1, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy peritonitis, generalized

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? _____

23. Signature [Signature] (M. D. or other) M.D.
Address 731 Form St. Date signed 7-31-46
St. Joseph, Mo.

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

21031

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.