. No. 2
–12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5591
State File No.

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sales Memorial Hosp. O
(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 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Neosho (If outside city or town limits, write "RURAL") 3
(d) Street No. 218 W. McKinney (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME Thomas Franklin Livingston
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 3 (Day) 1867 (Year)
8. AGE: Years 79 Months 10 Days 4 If less than one day hr. min.
9. Birthplace Alabama (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Self
FATHER 12. Name William Livingston
13. Birthplace Unknown (City, town, or county) Georgia (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Henry H. Livingston
(b) Address 218 W. McKinney, Neosho, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Tulsa Okla.
18. (a) Signature of funeral director Bigham Mortuary
(b) Address Neosho, Mo.
19. (a) Feb. 7, 1947 (Date received local registrar) (b) Melvin C. Bonman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7th year 1947 hour 8:00 minute A.M.
21. I hereby certify that I attended the deceased from July 1946, to 7 Feb 1947; that I last saw him alive on 7 Feb 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
VENTRICULAR FIBRILLATION	5 MIN
CEREBRAL HEMORRHAGE	5 DAYS
Due to ARTERIOSCLEROSIS	
HYPERTENSION	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

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 O
23. Signature L L Taylor (M. D. or other) MD
Address Neosho Mo Date signed 7 Feb 47

223 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Newton
District File Number 247-33
Date Filed 2-12-47

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 Cecil A. Thomlell

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.