S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 15 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23711

Registration District No. 73 Primary Registration District No. 3291 Registrar's No. 51

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Rural Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Rt 2 Liberty 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rosa Francis Lightburne

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

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

6. (b) Name of husband or wife M. Lee Lightburne
6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased Oct. (Month) 7 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	9	14	hr. min.

9. Birthplace Leavenworth Co. Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Albert Kuchenthal 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Francis Todd
15. Birthplace Platte Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant M. Lee Lightburne
(b) Address R#2 Liberty Mo

17. (a) Burial (b) Date thereof July 23 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview - Liberty Mo

18. (a) Signature of funeral director Church - Archer Co
(b) Address Liberty Mo

19. (a) July 23 1947 (b) Minnie Haynes
(Date received local registrar) (Registrar's signature) 1.4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1947 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 1947, 19..., to July 21, 1947
that I last saw her alive on July 21, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute cardiac decompensation chronic	1½ hrs
Due to: myocarditis	
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 0

23. Signature Cyril H Goodson (M. D. or other)
Address Liberty Mo Date signed 7/24/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-14-47

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.