S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24530

FILED JUL 23 1947

Registration District No. 137

Primary Registration District No. 3028

Registrar's No. 158

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 119 North McGreger
(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 Barton 6
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 7 mile North West Jasper Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME George Green Livingston
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased March (Month) 21st (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	3	26	hr. min.

9. Birthplace Grant Co. (City, town, or county) Wis. (State or foreign country) 1
10. Usual occupation Farming
11. Industry or business Same
FATHER
12. Name Robert Livingston
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Esther Quillin
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country) 1
16. (a) Informant May E. Woolery
(b) Address Thayer Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Waters Cem.
18. (a) Signature of funeral director Chas. J. Teeter
(b) Address Jasper Mo.
19. (a) 7-18-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature) 139

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th.
year 1947 hour 5 minute 0 M.
21. I hereby certify that I attended the deceased from July 6, 1947, to July 15, 1947, that I last saw him alive on July 6, 1947, and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis
Due to Senility
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 [signature] (M. D. ~~or other~~)
Address Carthage Mo Date signed 9-15-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-1-590

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 Howard E. Simpson

Licensed Embalmer No. 4288

P. O. Address Jasper 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.