No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42421

FILED DEC 26 1947
Registration District No. 2947

Primary Registration District No. 5805

Registrar's No. 69

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Rural Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution County Farm 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 35 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 69
(c) City or town Monroe City 1
(If outside city or town limits, write "RURAL")
(d) Street No. 224 West Dover Street 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country XXXXX

3. (a) PRINT FULL NAME Bony Frank Livingston
3. (b) If veteran, name war no
3. (c) Social Security No. XX

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mollie
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased June 21 (Month) 1876 (Day) (Year)

8. AGE: Years 71 Months 5 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace Monroe County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Day Labor
11. Industry or business
FATHER
12. Name N.B Livingston
13. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ella E Cary
15. Birthplace Marion County (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Charles M. Livingston
(b) Address 7149 Brompton Av Shaplewood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation St Judes Monroe City
18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City Missouri
19. (a) 12-16-47 (Date received local registrar) (b) Elbert Baker M.D. (Registrar's signature) 2055

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 14th year 1947 hour 9 minute A. M.
21. I hereby certify that I attended the deceased from Dec 13 1947 to Dec 14 1947 and that I last saw him alive on Dec 14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac arrest	
Gallbladder	7 hr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Geo M Kaplan M. D. or other)
Address Kansas City Mo Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-47-178
Date Filed DEC 22 1947

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 me

Registered Apprentice No.

working under my personal supervision.

Signed Leslie L. Nelson

Licensed Embalmer No. 3014

P. O. Address Mount Pleasant Mich

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.