S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5525

Registration District No. 273 — Primary Registration District No. 5783 — Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Miller
(b) City or town: Iberia (Rural) Richwoods Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No (Specify whether
In this community: All Life
years, months or days)

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: Miller 66
(c) City or town: Iberia (Rural) 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: Flossie Elenor Livingston
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Herbert Bryan Livingston
6. (c) Age of husband or wife if alive: 49 years
7. Birth date of deceased: March (Month) 29 (Day) 1900 (Year)

8. AGE: Years 47 | Months 11 | Days 0 | If less than one day ... hr. ... min.

9. Birthplace: Iberia (Rural) (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Henry Lewis
13. Birthplace: Ireland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Martha McGriff
15. Birthplace: Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant: Herbert Livingston
(b) Address: Watkins Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 2, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Hickory Point Cemetery
18. (a) Signature of funeral director: Walter P. Hedges
(b) Address: Iberia, Mo
19. (a) March-2-48 (Date received local registrar) (b) Jessie Perkins (Registrar's signature) 195

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 29 year: 1948 hour: 11 minute: 55 A.M.

21. I hereby certify that I attended the deceased from January 16, 1948, to Feb 29, 1948 that I last saw her alive on February 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	4 days
Due to: Acute Glomerulo nephritis Super imposed upon old	3 wks
Due to: Chronic Nephritis	years.
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

23. Signature: M. E. Humphreys (M. D. or other) D.O.
Address: Fredericktown, Mo. Date signed: 3-3-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Walter P. Hedges, Registered Apprentice No. _____, working under my personal supervision.

Signed Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Lebanon, 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.