

Primary Registration District No. 3011

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Stoton Clinic 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour
(Specify whether years, months or days)

In this community _____
years, months or days

3: (a) PRINT FULL NAME Teddy Joe Lightfoot

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 22, 1948
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 1 hr. 40 min.

9. Birthplace Carrollton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Archie Lee Lightfoot

13. Birthplace Hale, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Helen Marie Wag

15. Birthplace DeWitt, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Archie Lee Lightfoot

(b) Address Tina, Missouri

17. (a) Burial (b) Date thereof 5/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Horton Cemetery

18. (a) Signature of funeral director Clyfford W Austin

(b) Address Texas

19. (a) 5/15/48 (b) Mrs Herbert Calvert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

(c) City or town Tina 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1948 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from May 22
1948 to May 22 19 48

that I last saw him alive on May 22 19 48
and that death occurred on the date and how stated above.

Immediate cause of death Exp. hunting from
potholes whiskey

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J. A. Hamilton (M. D. or other) _____

Address Carrollton, Mo Date signed May 22 48

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

RECEIVED

District Health Officer No. 8,

District File Number: _____

Date Filed: 6-8-48

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 _____

Clifford W. Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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.