

MAILED MAR 17 1941

Registration District No. 14

Primary Registration District No. 4211

State File No.

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: 400 S. Tebo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 70 years  
years, months or days

3. (a) PRINT FULL NAME Mrs. Cora Long Livingston

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Fred. C. Livingston 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased: September 21 1865  
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 17 If less than one day hr. min.

9. Birthplace Bathalto Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Elliott C. Long

13. Birthplace Hagerstown Maryland  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Jane Jackson

15. Birthplace Dayton Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Roberts

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof Jan. 13, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) 1-12-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 42

(a) State Missouri (b) County Henry

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

(d) Street No. 400 S. Tebo  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8  
year 1941 hour 10:45 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct. 8, 1940  
to Jan. 8, 1941

that I last saw her alive on Jan. 8  
and that death occurred on the date and hour stated above.

Immediate cause of death Myxoedema

Due to Decubitus

Due to \_\_\_\_\_

Other conditions 63C  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (e) Means of injury 2

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Windsor Date signed 1/11/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

FEB 18 1942

RECEIVED

District Health Officer No. 7,

District File Number 3-41-433

Date Filed 3-5-41

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 *W. H. Hester*  
.....  
Licensed Embalmer No. 3391  
P. O. Address Windsor, 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.