

FILED DEC 7 1945

State File No. _____

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 176

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3rd & Wilson St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 3rd & Wilson
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William J Livingston

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 Married

6. (b) Name of husband or wife Mary Belle Avery 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug 5 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Windsor Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Business Man

11. Industry or business Loan & Title Co.

MOTHER FATHER { 12. Name Wm John Livingston
13. Birthplace County Down Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Elizabeth Burgess
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant F. J. Livingston
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 11 14 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood-Clinton Mo.

18. (a) Signature of funeral director Spence & Son
(b) Address Clinton Mo.

19. (a) Nov 13 45 (b) R. R. Kermey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
- year 1945 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Jan 10 1944 to Nov 12 1945
that I last saw him alive on Nov 10, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of throat
Due to _____
Due to _____

Other conditions (Include pregnancy within months of death) Hypostatic Pneumonia 3 da.

Major findings: Of operations _____
Of autopsy 454
Underline the cause to 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? _____

While at work (Specify type of place) _____
(e) Means of injury 9 y
23. Signature R. R. Kermey for registrar
Address Clinton Mo Date 11/14/45

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

OCT 8 1945

DEC 13 1945

JUN 29 1955

RE

LE

Date

11-45-1179
12-6-45

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. J. Cairns

Licensed Embalmer No. 3779

P. O. Address Clinton

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.