

REC'D SEP 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29281
Do not use this space.

1. PLACE OF DEATH
 (a) County Johnson Registration District No. 5586
 (b) Township Pass Oak Primary Registration District No. 4256 Registered No. 430
 (c) City Chellowee Mo Street No. _____
 (e) Length of residence in city or town where death occurred _____
 (f) How long in U. S., if of foreign birth? yrs. mos. ds. 142

2. PRINT FULL NAME Ralph S. Sivils
 (a) Residence, No. Chellowee St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4-1901
 7. AGE YEARS 37 MONTHS 11 DAYS 20
 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (year, month, and day) spent in this occupation Life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee Summit Mo
 13. NAME Robert Lee Sivils
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo
 15. MAIDEN NAME Jennie Eby
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo
 17. INFORMANT (ADDRESS) Jennie Sivils Chellowee Mo
 18. BURIAL, CREMATION, OR REMOVAL Lee Summit Mo DATE _____ 19____
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Wilkerson Benton Mo
 20. FILED Sept 8, 1938 Annabel Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24, 1938
 22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to Aug 24, 1938
 I last saw him _____ alive on Sudden 19____ Death is said to have occurred on the date stated above, at 11:30 AM
 The principal cause of death and related causes of importance were as follows:
Hanging
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury Aug 24, 1938
 Where did injury occur? his home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Hanging by the neck
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) T. J. Bradley M. D.
 390 (Address) Washington, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death should be stated EXACTLY. PHYSICIANS' signatures are necessary.

RECEIVED
DISTRICT HEALTH OFFICER
DISTRICT NO. 8

RECEIVED
District Health Officer No. 8.
District File Number
Date Filed 5/16/38

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.