

AUG 7 1939

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

24680

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
(b) Township Kan Primary Registration District No. 10.2
(c) City Kansas City (d) Street No. 202 West Dartmouth Road Registered No. 2893
(e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME. George Andrew Rively

(a) Residence, No. 202 West Dartmouth Road 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Minnie Rively

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 3 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Asst.
9. Industry or business in which work was done, as saw mill, bank, etc. Mgr. Standard Rendering Co.
10. Date deceased last worked at this occupation (month and year) July 1924 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) Philadelphia /
(STATE OR COUNTRY) Pennsylvania

13. NAME Ben E. Rively /

14. BIRTHPLACE (CITY OR TOWN) Philadelphia /
(STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Susanna Punneo

16. BIRTHPLACE (CITY OR TOWN) Camden
(STATE OR COUNTRY) New Jersey

17. INFORMANT Mrs. Ben E. Clement
(ADDRESS) 202 West Dartmouth Road.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove, K. C. K. DATE 7/19/39 19

19. FUNERAL DIRECTOR (NAME) Geo. H. Long
(ADDRESS) 10 and Barnett K. C. K.

20. FILED July 17, 1939 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1939, 19...
I last saw him alive on July 16, 1939. Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

Heat prostrationDate of onset
7-16-39

Other contributory causes of importance:

Serious - Severe
dysuria

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) E. S. Merriam, M. D.
(Address) 924 Rialto Bldg

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.

C. J. Zimmerman
906 Grand - Vt. 3154