REG'D SEP 19 1939

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

29698
Do not use this space.

1. PLACE OF DEATH
(a) County ~~Rolls~~ Marion / Mason
(b) Township ~~Mason~~ Mason
(c) City or Oakwood
Registration District No. 547
Primary Registration District No. ~~3079~~ 5788
Registered No. 247
(d) Street No. 3007 Kenwood Ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Louise Francis Givans
(a) Residence, No. 3007 Kenwood Ave St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alex Givans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14th 1859

7. AGE: Years 80 | Months 5 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County Virginia

FATHER
13. NAME Wm Kistner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT C. C. Phelps
(ADDRESS) Monroe City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Cemetary Hunnewell Mo. DATE Aug. 24th 1939

19. FUNERAL DIRECTOR (NAME) Wilson & Son
(ADDRESS) Monroe City, Mo.

20. FILED Aug 23 1939 H C Fisher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23rd 1939

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1939, to Aug 23, 1939
I last saw h. alive on Aug 22, 1939. Death is said to have occurred on the date stated above, at 1.30 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid & rectum. Metastasis to liver.

Date of onset

Other contributory causes of importance:
Cardio vascular renal disease.

Name of operation None Date of —
What test confirmed diagnosis? Labs. Was there an autopsy? no

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) Glenn R. Miller, M.D.
(Address) Stanutal Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address Monroe City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.