V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6031

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 236

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community: Yes

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits write "RURAL")
(d) Street No.: 1301½ Grand Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Lawrence Livermore
3. (b) If veteran, name war: None
3. (c) Social Security No.: 491-10-0502
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Catherine Teresa Livermore
6. (c) Age of husband or wife if alive: 19 years
7. Birth date of deceased: January (Month) 30 (Day) 1909 (Year)

8. AGE: Years 31 | Months 0 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Night Mechanic
11. Industry or business: Heckel Garage

MOTHER FATHER
12. Name: Clarence Livermore
13. Birthplace: Unknown (City, town, or county) Scotland (State or foreign country)
14. Maiden name: Nettie Davis
15. Birthplace: Blair (City, town, or county) Nebraska (State or foreign country)

16. (a) Informant: Mrs Catherine Livermore
(b) Address: 2401 So 20th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 2, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Mora Cemetery.
18. (a) Signature of funeral director: Herman W. Siebenfaden
(b) Address: 1802 Union Str. St. Joseph, Mo.
19. (a) March 1, 1940 (Date received local registrar) (b) H. J. Westebeyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th year 1940 hour 6 minute 00 P.M.
21. I hereby certify that I attended the deceased from February 28, 1940, to ____, 19__; that I last saw alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Accidental Gunshot Wound.
Due to: In Neck.
Due to: None.
Other conditions: None.
(Include pregnancy within 3 months of death)
Major findings: Of operations: ____
Of autopsy: None.

Duration

PHYSICIAN — 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): Accident.
(b) Date of occurrence: February 27, 1940.
(c) Where did injury occur? 1301½ Grand Ave. (City or town) St. Joseph (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home.
While at work? No (Specify type of place) (e) Means of injury: Gun Shot
23. Signature: B. W. Tadlock Coroner (M. D. or other)
Address: King Hill Building. Date signed 2/29/40

(Licensed Embalmer's Statement on Reverse Side)

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 Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address St. Joseph, 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, above space should be left blank.