DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7461

Registration District No. 581 Primary Registration District No. 5783 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Rural, Indian Creek Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural - Stoutsville Mo. R7D. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

(c) City or town Rural, Indian Creek Township (If outside city or town limits, write "RURAL")

(d) Street No. Rural, Stoutsville Mo R7D (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Harvey M. Livers

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 Widowed

6. (b) Name of husband or wife Viola Livers

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May (Month) 17 (Day) 1879 (Year)

8. AGE: Years 60 Months 8 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Ralls County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Thomas Livers
13. Birthplace Ralls County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sadie Dowell
15. Birthplace Ralls Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Geo Livers

(b) Address Monroe City Mo R7D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery Monroe Co.

18. (a) Signature of funeral director Wilson + Son

(b) Address Monroe City, Mo. 5

19. (a) Feb 8, 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7 year 1940 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 1, 1940, to Feb, 1940, that I last saw him alive on Feb, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis	N.K.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Geo M. Kaplan (M. D. or other)

Address Ferris Mo Date signed Feb 8

(Licensed Embalmer's Statement on Reverse Side)

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

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.

50M-5-17-39 Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 10
District File Number 3-40-475
Date Filed MAR 4 1940

MAR 5 1940

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 Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.