S. No. 2
-11-10-39
5-17-39
P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21941

Registration District No. 460 Primary Registration District No. 5553B Registrar's No. 110

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

1. PLACE OF DEATH:

(a) County Jackson Prairie Twp.

(b) City or town J. C. Home (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Home for the aged (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years 3 (Specify whether

In this community all his Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Little Blue (If outside city or town limits, write "RURAL")

(d) Street No. J C Home (If rural, give location)

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

3. (a) PRINT FULL NAME Louis Shively 140

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 M

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased unknown (Month) (Day) 1878 (Year)

8. AGE: Years 62 Months unknown Days If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business unknown 9

FATHER
12. Name unknown 9
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ernest Jackson

(b) Address To J C Home

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June/13/40 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Ketterlin

(b) Address K. C. Mo

19. (a) 6-2-40 (Date received local registrar) (b) Sara A. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Mar day 22 year 1940 hour 4 minute a M.

21. I hereby certify that I attended the deceased from 3-1, 1940, to 3-22, 1940 that I last saw h— alive on 3-21, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral regurgitation	
Due to	
Due to 92	
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? 922 (Specify type of place)

While at work? (e) Means of injury

23. Signature J W Greene (M. D. or other)

Address Independence Mo Date signed 3-22-40

(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.....

Licensed Embalmer No. 3991

P. O. Address 5725 Virginia

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

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