

JAN 25 1941 398

Primary Registration District No. 8019

Registrar's No. 1

18
4
4

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

I. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Indep Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 40 years
years, months or days)

8. (a) PRINT FULL NAME Myrtle Frances Givan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 2 divorced widowed
6. (b) Name of husband or wife F. H. Givan 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Jan 22 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Sioux City Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Jewelry Store

12. Name unknown

13. Birthplace _____ 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown 9

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Victor Givan

(b) Address 318 N Delaware St

17. (a) Burial (b) Date thereof 1-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Ott + Mitchell

(b) Address Independence Mo.

19. Jan 4, 1941 F. L. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 318 N Delaware
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1941 hour 10 minute 20 A. M.

21. I hereby certify that I attended the deceased from March 30 to Jan 2, 1941;
that I last saw her alive on Jan 2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 3 days

Due to Perforation bowel 3 days

Due to Ca. Decidua lata ?

Other conditions (Include pregnancy within 3 months of death) 4 1/2

Major findings: Of operations _____
Of autopsy _____

Duration
3 days
3 days
?
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? _____

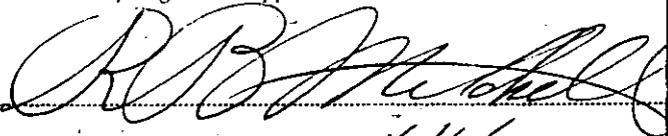
360
While at work? _____ (Specify type of place) Means of injury _____

23. Signature Blomby (M. D. or N.D.)
Address Independence Mo. Date signed 1-3-41

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. 846

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.