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FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13359

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1340

1. PLACE OF DEATH:

(a) County... Jackson

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

(c) Name of hospital or institution:
5612 Michigan Avenue
(If not in hospital or institution, write street number or location)

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

In this community 40 Years
years, months or days

3. (a) PRINT FULL NAME Mrs. Maggie M. Kivett

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female race White 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Richard Kivett

6. (c) Age of husband or wife if alive: 15 years
(Month) (Day) (Year)

7. Birth date of deceased: May 15 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 10 19 hr. --- min. ---

9. Birthplace Jamestown North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business -----

12. Name Lemuel L. Hilton

13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Howard

15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Twitt

(b) Address 9-n Sacramento, Chicago Ill

17. (a) Burial (b) Date thereof April 5, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director O. H. Newcomer Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Apr 5, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 5612 Michigan Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ----- 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd
year 1941 hour 2 minute 03 P. M.

21. I hereby certify that I attended the deceased from 1939
19---, to April 3, 1941, 19---
that I last saw her alive on Apr. 2, 1941, 19---
and that death occurred on the date and hour stated above.

Immediate cause of death
Chc. Arteriosclerotic Myocarditis

Due to Senility

Due to ina

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy ✓

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) ---

(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?

While at work? ---
(Specify type of place)

(e) Means of injury ---

23. Signature J. M. Young (M. D. or other)

Address 1801 S. W. 1st St Date signed 4/4/41

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

MOTHER FATHER

1701
2-5

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 *H. C. Newcomer Jr.*

Licensed Embalmer No. *4043*

P. O. Address *H. C. Newcomer*

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, fact should be so stated above.