S. No. 2
M—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 1096

FILED JAN 30 1943

Registration District No. 1997

Primary Registration District No. 1002

Registrar's No. 222

**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: Wheatley Provident Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 Days (Specify whether

In this community (years, months or days) Over ten years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8 (If outside city or town limits, write "RURAL")

(d) Street No. 1928 Montgall (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

**3. (a) PRINT FULL NAME** Vida Campbell Givens

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex Female

5. Color or race Negro 3

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Emmitt Givens

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Sept. 20 - 1895 (Month) (Day) (Year)

8. AGE: Years 47 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Knoxville (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Hoard
13. Birthplace Knoxville (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Ellen Johnson
15. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant Emmitt Givens

(b) Address 1928 Montgall

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16-43 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director West, Appleton & Jones

(b) Address 1925 Vine St.

19. (a) 1-15-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 13 year 1943 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 1 - 1942 to Jan. 13 - 1943 that I last saw her alive on 1 - 13 - 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Meningitis.

Due to Tuberculosis of Peritoneum 13B

Due to Tbc of Chest

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations Tuberculosis of Peritoneal Cavity

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) no

(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 G. C. Sierner (M. D. or other)

Address 1830 Vine St. Date signed 1/14/43

(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 C. H. Nesti

Licensed Embalmer No. 1710

P. O. Address Kansas 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, fact should be so stated above.**