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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9173

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1415

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

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: 5119 Prospect / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 16 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 5 (If outside city or town limits, write "RURAL") 8

(d) Street No. 5119 Prospect (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME CHRISTOPHER NICHOLAS LIVENGOOD

3. (b) If veteran, name war No

3. (c) Social Security No. 500-14-9359

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Edith Livengood

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased ~~Edith~~ Dec. 14, 1872 (Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 6 If less than one day hr. min.

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

10. Usual occupation Bookkeeper

11. Industry or business Retired

FATHER
12. Name THEODORE LIVENGOOD
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name ANN MORAN
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Edith Livengood

(b) Address 5119 Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-43 (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 3-23-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20 year 43 hour 10:20 min. M.

21. I hereby certify that I attended the deceased from Arrow to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Inspection & history

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 [signature] 3/21/43 (M. D. or other)

Address [illegible] Date signed

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(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. 2244

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, fact should be so stated above.