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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6141  
Registrar's No. 841

FILED MAR 6 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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: Conley Clinical Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 hr.  
In this community 5 hr.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town K.C.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1214 Penn  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Jerry Lee Ivy

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 18, 1944  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 5 hr. 39 min.

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

10. Usual occupation infant

11. Industry or business \_\_\_\_\_

12. Name Floyd Knight Ivy

13. Birthplace Lisbon, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Vivien Lorene Jackson

15. Birthplace Howard Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Vivien L. Ivy  
(b) Address 1214 Penn, K. C. Mo.

17. (a) Burial (b) Date thereof 2-19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation retained at above hospital for specimen.  
18. (a) Signature of funeral director \_\_\_\_\_ (Specify type of place)  
(b) Address \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

19. (a) 2-29-44 (b) H. C. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 19  
year 1944 hour 3:30 minute 39 A. M.

21. I hereby certify that I attended the deceased from birth  
February 18, 1944 to expiration, 1944;  
that I last saw him alive on 2/19/44, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death premature birth Duration \_\_\_\_\_

Due to causes unknown

Due to \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Harry Werbin (M. D. or other) D.O.  
Address 712 W. 14th St. Date signed 2/19/44

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

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**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.....

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.**