

FILED APR 10 1944

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
421 Franklin  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 10 Yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. 421 Franklin  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Louis Napolion Tivis

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lettie Mae Tivis 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Aug. 16 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 6 28 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Silas Tivis

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

14. Maiden name Mary E. Igeo.

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

16. (a) Informant Forest Tivis

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof 3-16-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, Mo.

19. (a) March 16 1944 (b) Leola M. Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 14  
year 1944 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Feb 22  
1944, to March 5 1944  
that I last saw him alive on March 5 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Patentia Lobar  
Pneumonia  
Due to Pneumonia

Duration  
14 days

Other conditions Levity  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 10  
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?

(Specify type of place) While at work? (a) Means of injury 0  
23. Signature John P. Rainey (M. D. or other)  
Address Warrensburg, Mo. Date signed 3-15-44

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

1601

1937 7 8 11pm

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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..... *Carl Priest* .....

Licensed Embalmer No..... **3878** .....

P. O. Address..... **Warrensburg, 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.**