

FILED JUN 8 1944

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 185

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1009 S. Merriam
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years
In this community 4 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1009 S. Merriam
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emmett Givens

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

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

6. (b) Name of husband or wife Bonnie Givens 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 12 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 19 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Caleb Givens

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

14. Maiden name Mary Ogden

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emmett Givens

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 6/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 6-2-44 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
year 1944 hour 6:00 minute M.

21. I hereby certify that I attended the deceased from March 1944 to May 31 1944
that I last saw him alive on May 24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Arterio-Sclerosis

Due to Chr. Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Cause of injury

23. Signature Francis B. King M. D. or other

Address 317 S. Lafayette Sedalia Date signed 6-2-44

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

20
6
4

MOTHER
FATHER

Duration
Immediacy
?
?
PHYSICIAN
Underline the cause to which death should be charged statistically.

1022

no

Long
G.P. No. 31

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-7-44

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sedalia 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.