S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1944

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37785

Primary Registration District No. 2000

Registrar's No. 930

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 344 West Wall
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 19 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield
(If outside city or town limits, write "RURAL")

(d) Street No.: 344 West Wall
(If rural, give location)

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

If yes, name country: —

3. (a) PRINT FULL NAME: Ida Lariviere

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: F

5. Color or race: White

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

6. (b) Name of husband or wife: Arthur Lariviere

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: November (Month) 15th (Day) 1875 (Year)

8. AGE: Years 69 Months 0 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace: Near Wichita (City, town, or county) Kans (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER
12. Name: Louis Nobles
13. Birthplace: Unknown (City, town, or county) Unk. (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unk. (State or foreign country)

16. (a) Informant: Arthur Lariviere
(b) Address: 344 West Wall, Springfield,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-28, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn

18. (a) Signature of funeral director: W. L. Dunn
(b) Address: Springfield, Mo.

19. (a) 11-27-44 (Date received local registrar) (b) W. S. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26 year 1944 hour 6:10 P. M. minute ..... M.

21. I hereby certify that I attended the deceased from Aug 1 — 44, 19..., to Nov 26, 1944, that I last saw her alive on Nov 25, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Valvular heart lesion, 2 year duration — Duration

Due to: Chronic Bright's disease

Due to: 2 kidneys

Other conditions: no
(Include pregnancy within 3 months of death)

Major findings: Heart Valvular lesion
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: no

(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? no
While at work? no (Specify type of place) (e) Means of injury: —

23. Signature: H F Kerr (M. D. or other)
Address: 696 E Grand, Spfld., Mo. Date signed: Nov 27 1944

(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.....

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.