

FILED JAN 26 1945  
Registration District No. 149

Primary Registration District No. 1005

State File No.

Registrar's No.

141

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: 1921 Lister Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1921 Lister Avenue  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Benjamin A. Nivens

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 married

6. (b) Name of husband or wife Mrs. Ellen Nivens 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased April 10th 1859  
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 30 29 hr. min.

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

10. Usual occupation Farmer

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

12. Name Thomas Nivens

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

14. Maiden name Ann Yourees

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

16. (a) Informant Mrs. W. H. Ballard

(b) Address 1921 Lister Avenue

17. (a) Burial (b) Date thereof 1-11-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, Missouri

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 1-10-45 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th  
year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from November 14 1944 to January 9 1945  
that I last saw him alive on January 17 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction (chronic)  
Due to uremia

Due to Prostatic hypertrophy obstructive  
to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None 137a. PHYSICIAN

Of autopsy None  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature [Signature] (M. D. attested)  
Address 1019 Poplar Bldg Date signed \_\_\_\_\_

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

MOTHER-FATHER

*For Mr. Arthur Lewis*

*Mr. D. ...  
Chapman*

*with ...*

**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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.**