S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1945

Registration District No. 1

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3045

State File No. 2900

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution: 302 Brooklyn St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---------- (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67

(c) City or town Charleston 1
(If outside city or town limits, write "RURAL")

(d) Street No. 302 Brooklyn St. 2
(If rural, give location)

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

If yes, name country ---------- 17

3. (a) PRINT FULL NAME J. G. Livas

3. (b) If veteran, name war -------

3. (c) Social Security No. -------

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Anna F. Livas

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased January 8, 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	11	11	hr. min.

9. Birthplace Baton Rouge, Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Minister and Farmer

11. Industry or business --------

FATHER
12. Name Calvin Livas
13. Birthplace Baton Rouge, La.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Gutherie
15. Birthplace Baton Rouge, La.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna F. Livas
(b) Address 302 Brooklyn St., Charleston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22, 1944
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director F. J. Sparks
(b) Address Cape Girardeau, Mo.

19. (a) Jan 5/45 (Date received local registrar) (b) Mrs. Jon Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1944 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from 12/10/ 1944, to 12/19 1944;
that I last saw him alive on 12/15 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension — Duration Dont know

Due to

Due to 102

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature C. C. Presnell, M.D. (M. D. or other)

Address Charleston Mo. Date signed 12-20-44

1257

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 45-97
Date Filed 1-16-45

NOV 16 1997

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.