

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23235

State File No.

FILED JUL 23 1945  
149

Registrar's No.

2925

Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County M 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:  
2840 Brighton Kansas City Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2840 Brighton 8  
(If rural, give location)  
(e) Citizen of foreign country? No 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES E. STIVERS

3. (b) If veteran, name war No 3. (c) Social Security No. 491-22-1883

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Gertrude Stivers 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased March 4 th 1877  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 11 year 1945 hour 4:15 minute a M.  
21. I hereby certify that I attended the deceased from Paris, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
68 4 7 hr. min.

Immediate cause of death Coronary Sclerosis  
Due to Atherosclerosis  
Due to \_\_\_\_\_

9. Birthplace Kansas City Mo. 0  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 94a

10. Usual occupation Laborer

11. Industry or business Green Hat Tavern

Major findings: Of operations \_\_\_\_\_  
Of autopsy aw  
Histology & Inspection

MOTHER FATHER { 12. Name Dan Stivers  
13. Birthplace Unknown Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Mamie Forman  
(b) Address 2320 Chestnut

17. (a) Burial (b) Date thereof 7/13/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eyler  
(b) Address 1800 Linwood Blvd. K.C. Mo.

23. Signature James Wally 3 (M. D. or other)  
Address 1924 Poplar Date signed 7-11-45

19. (a) 7-12-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

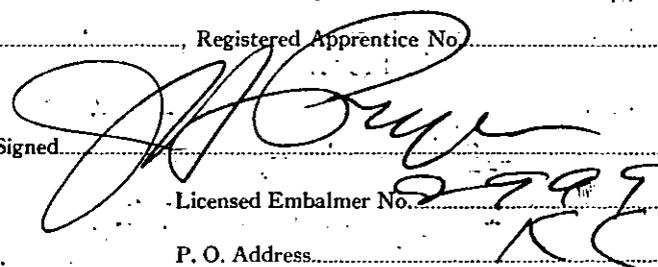
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.**