

**FILED** FEB 15 1946

Registration District No. **231**

Primary Registration District No. **3048**

Registrar's No. **26**

1. PLACE OF DEATH: **Nodaway**

(a) County **Maryville**

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

(c) Name of hospital or institution: **St. Francis hospital** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 days**  
(Specify whether years, months or days)

In this community **5 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway** **74**

(c) City or town **Maryville** **\*Rural** **2**  
(If outside city or town limits, write "RURAL")

(d) Street No. **S.E. edge of city** **3**  
(If rural, give location)

(e) Citizen of foreign country? **no** **(1)**  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Lena Alice Pivaler**

3. (b) If veteran, name war **no**

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female**

5. Color or race **white**

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

6. (b) Name of husband or wife **Lee Pivaler**

6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **Dec. 23, 1915**  
(Month) (Day) (Year)

8. AGE: Years **30** Months **1** Days **6**  
If less than one day hr. min.

9. Birthplace **Ogallala Nebraska**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business **Fred Peterson**

12. Name **Washington Co. Nebr.**

13. Birthplace **Alice Timmerman**  
(City, town, or county) (State or foreign country)

14. Maiden name **Plattsmouth Nebraska**  
(City, town, or county) (State or foreign country)

15. Birthplace **Lee Pivaler**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Maryville, Missouri**

(b) Address **burial**

17. (a) (Burial, cremation, or removal) **Oak Hill cemetery**

(b) Date thereof **1-31-46**  
(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director **Priest Funeral Home**

(b) Address **Maryville Mo.**

19. (a) **Feb. 1 1946** (b) **Bess Holt**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **29**  
year **1946** hour **4** minute **4** A.M.

21. I hereby certify that I attended the deceased from **Jan 24** 1946 to **Jan 29** 1946;  
that I last saw her alive on **Jan 28** 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death **acute nephritis**

Due to **attempted abortion - followed by peritonitis**

Due to **staph.**

Other conditions **1**  
(Include pregnancy within 3 months of death)

Duration **5 days**

Major findings: **1952 19**

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) **neither** **74**

(b) Date of occurrence **1-27-46**

(c) Where did injury occur? **R.F.D. Maryville hol. Mo.**  
(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

23. Signature **H.E. Bauman M.D.**  
Address **131 So. Main Maryville** Date signed **1/30/46**

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

1693

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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.....

*John W. Price*

Licensed Embalmer No.

*4281*

P. O. Address.....

*Maryville 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.**