

FILED MAR 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 1577

Primary Registration District No. 3028

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
733 Olive 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 64 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 733 Olive St. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Worthington Gividen

3. (b) If veteran, name war none 3. (c) Social Security No. 490-10-0670

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Birdie Belle Gividen 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased March 30 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>11</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Jennings County Indiana /
(City, town, or county) (State or foreign country)

10. Usual occupation nightwatchman

11. Industry or business Carthage Marble Corp.

12. Name Joseph A. Gividen

13. Birthplace Jennings County Indiana /
(City, town, or county) (State or foreign country)

14. Mother's name Martha Ryason

15. Birthplace Jennings County Indiana /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. W. Gividen
(b) Address 733 Olive, Carthage, Mo.

17. (a) burial (b) Date thereof Mar 18, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.

19. (a) 3-18-46 (b) L. B. Clemon, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 1946
year 1946 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Feb 26 1946 to Mar 13 1946;
that I last saw him alive on Mar 13 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronica 6 mo.
Duration

Due to _____
Due to _____

Other conditions asthma, bronchial 10 years
(Include pregnancy within 3 months of death)

Major findings: Bronchitis Chronica PHYSICIAN
Of operations _____

Of autopsy _____
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) none
(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) (d) Means of injury _____

23. Signature George H. Wood (M. D. or other)
Address Carthage Mo Date signed Mar 13, 46

MOTHER, OTHER

MAR 29 1949

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..... *Emmal Petneel*

Licensed Embalmer No. *391*

P. O. Address..... *Carefree*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of Missouri }
County of Jasper } ss.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 26 day of April, 1946, before me appears

George H. Woods, who, upon his oath, states that the original record of ^{birth} death
for John W. Guider died March 14, 1946 in the State of
Missouri, and which was filed at Jefferson City on Mar 27, 1946, should be corrected as follows:

Item No. 20 should read March 14, 1946
Instead of March 13, 1946

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affian George H. Wood M. D. Irvine
Relationship.

Carthage Mo.
Present Address.

Subscribed and sworn to before me this 26 day of April 26, 1946.

My Commission expires July 17 - 1949 Frank W. Kull Notary Public.

Not to be accepted; draw one line through error and write above it.

9844