

FILED MAY 8 1948

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution St. Joseph #2
(d) Length of stay: In hospital or institution 2 1/2 hrs to 6 PM 19
In this community 26 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 1614 St. Joseph Ave
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME George W. BIVENS

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jenna 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 17 1870

8. AGE: Years 73 Months 10 Days 27 If less than one day hr. min.

9. Birthplace Ind (City, town, or county) (State or foreign country)

10. Usual occupation Ironing Layer

11. Industry or business

12. Name Mr. Owen

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

14. Maiden name Yellow Country

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

16. (a) Informant Mr. Jesse Owens

(b) Address 1622 St. Joseph Ave

17. (a) burial (b) Date thereof 4/10/46

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director John Beale & Bauman
(b) Address St. Joseph Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1946 hour 1 minute 0 M.

21. I hereby certify that I attended the deceased from 4/1 1946 to 4/8 1946 that I last saw him alive on 4/8 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Ischaemic heart disease Duration 4 hrs

Due to General Sepsis 7/15

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 101

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? _____

While at work (Specify type of place) (e) Means of injury _____

23. Signature L. J. Thrush (M. D. or other) MD
Address State Hosp. #2 St. Joseph Date signed 4/8/46

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

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JUL 23 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 *Frank A. Browning*

Licensed Embalmer No. *1710*

P. O. Address *St. Joseph 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.