

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

FILED JUN 21 1946

Registration District No. 36 Primary Registration District No. Joplin Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)
 In this community All her life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
(If outside city or town limits, write "RURAL")
 (d) Street No. 314 Jackson
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Bessie Kidder Livermore
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 27, 1888
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 3 year 1946 hour 3 minute 45 P. M.
 21. I hereby certify that I attended the deceased from July 3, 1945 to May 3, 1946 that I last saw her alive on May 3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Myocardial failure</u>	<u>7 mo</u>
Due to <u>chronic bronchitis</u>	<u>2.7 yrs</u>
Due to _____	_____
Other conditions (Include pregnancy within 3 months of death)	_____
Major findings: Of operations _____	PHYSICIAN Underline the cause to which death should be charged statistically.
Of autopsy _____	

8. AGE: Years 57 Months 7 Days 6 If less than one day hr. min.
 9. Birthplace Joplin, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation School teacher
 11. Industry or business _____
MOTHER FATHER
 12. Name D. A. Livermore
 13. Birthplace Alstead, New Hampshire
(City, town, or county) (State or foreign country)
 14. Maiden name Ella Kennedy
 15. Birthplace Cedar Rapids, Iowa
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Ella Livermore
 (b) Address 314 Jackson, Joplin, Mo.
 17. (a) Burial (b) Date thereof 5-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Hope Cemetery
 18. (a) Signature of funeral director Parker-Hunsaker
 (b) Address 1502 Joplin, Joplin, Mo.
 19. (a) 5-9-46 (b) Ed J. Jones
(Date received local registrar) (Registrar's signature)

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 D. T. Tebanke (M. D. or other) MD
 Address 107 Main, Joplin, Mo. Date signed 5-7-46

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

15023

46-5-447

APR 1 1946

MAR 25 1946

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Poplar 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.