

STANDARD CERTIFICATE OF DEATH

State File No. 20832

FILED JUL 11 1946

Registration District No. 164

Primary Registration District No. 3-0325601

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rt. #2 Warrensburg, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether  
In this community Entire Life 90 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt. #2 Warrensburg, Mo. 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country.

3. (a) PRINT FULL NAME John Taylor Sivils

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Jenny McGraw Sivils 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April 22 1866  
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 29  
If less than one day hr. min.

9. Birthplace Simpson Township Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name John Taylor Sivils

13. Birthplace Near Bluegrass Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Blevins

15. Birthplace Johnson County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Rich Sivils

(b) Address 132 W. Culton, Warrensburg, Mo

17. (a) Burial (b) Date thereof 6-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery Johnson County, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Warrensburg, Missouri

19. (a) June 22 - 46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20  
year 1946 hour 12 minute P M.

21. I hereby certify that I attended the deceased from June 1 1946 to June 20 1946  
that I last saw him alive on June 20 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis Duration 2 yrs  
Pericarditis 2 yrs  
Valvular lesion

Other conditions: (Include pregnancy within 3 months of death)

Major findings: 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) \_\_\_\_\_  
(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 11

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Warrensburg, Mo Date signed June 24 46

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

MOTHER FATHER

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**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. 4059.....

P. O. Address Hilder, 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.**