

FILED SEP 21 1946

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 4261

1. PLACE OF DEATH:

(a) County JACKSON  
(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 51 ST & MAIN STREET  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 (Specify whether)  
In this community 8 YEARS 2 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48  
(c) City or town KANSAS CITY 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 106 ST. 51ST. STREET 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

PERCY KINGSBEE LAIVE

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7th  
year 1946 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Skull Fracture  
Duration \_\_\_\_\_

Due to Fractured Pelvis

Due to Multiple Injuries

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

Major findings: Of operations 1700-8  
Of autopsy: as above  
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) accident 123  
(b) Date of occurrence 10-7-46

(c) Where did injury occur? K.C. Jackson mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place

While at work? no (Specify type of place)  
(e) Means of injury Auto Trauma

23. Signature James W. Walker (M. D. or other) 2  
Address 1424 Oak Hill Date signed 10-8-46

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife. MRS. ANNA LAIVE 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased. AUGUST 16 1878  
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 21 If less than one day hr. min.

9. Birthplace WARRENSBURG - MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED 9 YEARS: TELEGRAPHER

11. Industry or business MISSOURI PACIFIC - RICH HILL, MO

12. Name FRANK LAIVE

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. Anna P. Roney  
(b) Address 106 West 51st. Blvd

17. (a) BURIAL (b) Date thereof OCT-10-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director Dr. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 10-9-46 (b) J. H. Walden  
(Date received local registrar) (Registrar's signature)

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

*Carl Raff*

Licensed Embalmer No.

*3458*

P. O. Address

*K.C. 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.**