

Registration District No. **149** Primary Registration District No. **1002**

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 **H.C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **25 days** (Specify whether
In this community **40 years** (years, months or days)

3. (a) PRINT FULL NAME **Ida Livingston**
3. (b) If veteran, name war **No** **3. (c) Social Security** **No. None**

4. Sex **Fe.** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Widow**
6. (b) Name of husband or wife **John J. Livingston** **6. (c) Age of husband or wife if alive** **Deceased** years
7. Birth date of deceased **Feb. 14th, 1867** (Month) (Day) (Year)

8. AGE: Years **79** Months **10** Days **2** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Unknown**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. N. Henderson**
(b) Address **1307 Oakley Ave.**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **12/18/46** (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Wash. Cem.**

18. (c) Signature of funeral director **Earp & Sons**
(b) Address **4139 East 15th, St.**

19. (a) 12-17-46 (Date received local registrar) (b) **Geraldine Helmer** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City** (If outside city or town limits, write "RURAL")
(d) Street No. **6835 E. 14th St.** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **(i)**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **16th** year **1946** hour **5** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **11-21-46** 19... to **12-16-46** 19...
that I last saw h... er alive on **12-16-46** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **C. a. of Gall bladder & metastasis to liver** Duration

Due to
Due to

Other conditions... (Include pregnancy within 3 months of death) **464**

Major findings:
Of operations...
Of autopsy... **yes**

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 **Wm W Hart** (M. D. or other) **Wm W Hart**
Med. Dir. K.C. Gen. Hospital **12-16-46**
Address..... Date signed.....

MOTHER, FATHER

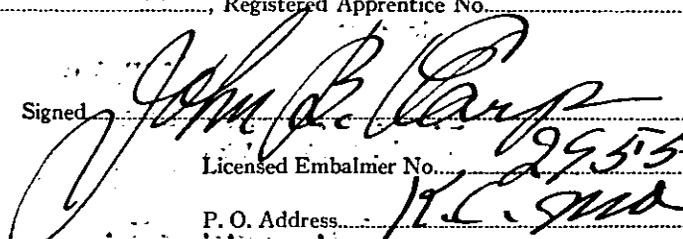
PHYSICIAN
Underline the cause to which death should be charged statistically.

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. 2955

P. O. Address. H.C. 9th

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.