

S. No. 2
1-12-45
7-5-17-39
I X47079

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9085
State File No. 1479
Registrar's No.

FILED APR 14 1947
Registration District No. 1479

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: 2728 CHELSEA
(d) Length of stay: In hospital or institution 4 MONTHS
In this community 4 MONTHS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 2728 CHELSEA
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME GEORGE FRANKLIN GIVIDEN
(b) If veteran, name war No
(c) Social Security No. 513-05-0785

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MARCH, day 28TH
year 1947 hour 4 minute 36 P. M.
21. I hereby certify that I attended the deceased from Mar 17
1947 to March 28 1947
that I last saw him alive on March 28 1947
and that death occurred on the date and hour stated above.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. MARY FRANCES GIVIDEN
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased AUGUST 11 1870

Immediate cause of death
Broncho-pneumonia
Due to Influenza
Duration 3 days
10 days

8. AGE: Years 76 Months 7 Days 17

9. Birthplace Seirio INDIANA

10. Usual occupation OIL WELL PUMPER
11. Industry or business RETIRED

12. Name JOSEPH ANDREW GIVIDEN
13. Birthplace UNKNOWN INDIANA
14. Maiden name MARTHA ANN RYAN
15. Birthplace UNKNOWN INDIANA

16. (a) Informant Mrs. C. J. Lowe
(b) Address 2728 Chelsea K.C. Mo
17. (a) removal (b) Date thereof 3/30 47
(c) Place: burial or cremation. Carthage Mo

18. (a) Signature of funeral director D. W. Newcomb
(b) Address 1401 North Creek Blvd
19. (a) 3-30-47 (b) Geraldine Holme

Other conditions
Major findings: 230
Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature John M. Powers (M. D. or other) M.D.
Address 3324 Linwood Date signed 3/29/47

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

MOTHER FATHER

3804
1-5-
renewal

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.....
E. Oscar Hothey
Licensed Embalmer No..... *1767*
P. O. Address..... *Kansas City*

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.