

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

FILED APR 30 1947

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

Registration District No. 176

Primary Registration District No. 5068

Registrar's No. 107

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Rural Blue Township  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1712 Crescent Street  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community One Year

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Rural-Blue Township 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1712 Crescent Street 0  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARIETTA GERALDINE LIVELY  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 10th,  
 year 1947 hour 2 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from  
5/15/46, 19  , to 4/10, 19  47  
 that I last saw her alive on 3/17, 19  47  
 and that death occurred on the date and hour stated above.

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Herbert R. Lively  
 6. (c) Age of husband or wife if alive 64 years  
 7. Birth date of deceased November 29, 1887  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of ovary 1 yr  
 Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>4</u>	<u>11</u>	_____ hr. _____ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Algonac, Michigan  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

Major findings: above 49A  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

12. Name John Rathbun

13. Birthplace Algonac, Michigan  
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Day

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

16. (a) Informant Mr. Herbert R. Lively

(b) Address Kansas City, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/11/47  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Clair, Michigan

18. (a) Signature of funeral director Richard R. Speaks  
 (b) Address Independence, Missouri

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 Vance E. Link, M.D. (M. D. or other)  
 Address 129 W Lexington, Independence, Mo. Date signed 4/11/47

19. (a) 4-18-47 (Date received local certifier)  
 (b) [Signature] (Registrar's signature)

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

AUG 9 1948

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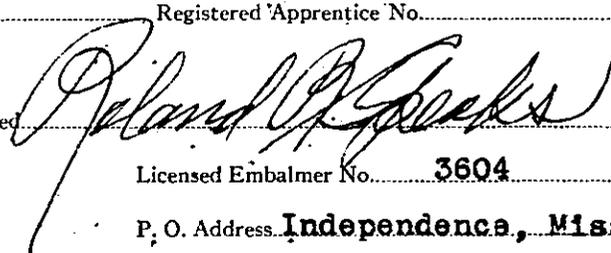
**STATEMENT BY LICENSED EMBALMER**

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..... **3604**.....

P. O. Address **Independence, Missouri**

**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.**