

S. No. 2
M-5-43
7-5-17-39
I X38671

FILED JUN 6 1947

Registration District No. 11

Primary Registration District No. 5040

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Rural Exater twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Bertha Kivett

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife E. B. Kivett 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 19 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 9 16 hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1947 hour 1 minute A. M.

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

Immediate cause of death apparently coronary
through heart
Never saw or treated
this patient dead before
he arrived

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name Jaspar Wakefield

{ 13. Birthplace Pickering Missouri (City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah Van Buren (State or foreign country)

{ 15. Birthplace Pickering, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant E. B. Kivett

(b) Address

17. (a) Burial (b) Date thereof 5-7-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery
Culver Funeral Home

18. (a) Signature of funeral director Cassville, Missouri

(b) Address

19. (a) May 21-1947 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

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) (Means of injury)

23. Signature J. S. Baldwin (M. D. or other) 0
J. S. Baldwin Date signed 5-6-47

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

RECEIVED

District No. _____

District File No. 647-612

Date Filed JUN 4 1949

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.....

Ruby Elkins

Registered Apprentice No. 496

working under my personal supervision.

Signed *G. E. Culver*

Licensed Embalmer No. 3584

P. O. Address Cassville

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.