S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31302

Registration District No. 799

Primary Registration District No. 1002

Registrar's No. 4038

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

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: Muehlebach Hotel
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 40 years
years, months or days)

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.: 4953 Forest Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

48
3
8
0

3. (a) PRINT FULL NAME: Nellie H. LIVERS

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: John F. Livers

6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: April (Month) 17, (Day) 1896 (Year)

8. AGE: Years 51 | Months 5 | Days 5 | If less than one day ... hr. ... min.

9. Birthplace: Topeka (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: At home

FATHER
12. Name: Samuel Oliver
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Dora Nonemaker
15. Birthplace: Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: Mr. John F. Livers
(b) Address: 4953 Forest Ave., K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri

19. (a) 9-23-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22 year 1947 hour 7 minute 10 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: Coronary Sclerosis

Due to: Hypertrophy of Heart

Due to:

Other conditions (Include pregnancy within 3 months of death): Deputy Coroner

Major findings:
Of operations:
Of autopsy: History & Inspection

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: A. E. Upsher (M. D. or other)

Address: 2800 Main Date signed: 9/23/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas J Carter, Registered Apprentice No. 500, working under my personal supervision.

Signed J. H. Pryor

Licensed Embalmer No. 2999

P. O. Address KC

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.