No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 12 1947

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 37751

Registrar's No. 1015

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 Days the last time (Specify whether
In this community: 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No.: 815 West 6 th. Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Arthur Lariviere
3. (b) If veteran, name war: No
3. (c) Social Security No.: 500-09-5193
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Eva Frances
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: April (Month) 24 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
65	6	29	hr. min.

9. Birthplace: ???? (City, town, or county) Canada (State or foreign country) 7
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs. Eva Frances Lariviere
(b) Address: 815 W. 6th street, Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-26, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: ~~Sunlown~~ Sunlawn
18. (a) Signature of funeral director: W. L. Dunn
(b) Address: Springfield, Mo.
19. (a) 11-25-47 (Date received local registrar) (b) W. E. Hinckley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24 year 1947 hour 2 minute 05 P. M.
21. I hereby certify that I attended the deceased from 5-9-47, 19..., to 11-24, 19 47, that I last saw him alive on 11-27, 19 47, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to: Chronic Cardio-Nephritis Disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: (3) P
Of autopsy:

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: [illegible] (M. D. or other)
Address: 221½ E Commercial Date signed 11-25-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 H L McCann

Licensed Embalmer No. 2727

P. O. Address Springfield Mo

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.