. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 5 1948
Registration District No. 278

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2009
Primary Registration District No. 3054
Registrar's No. 4

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital ~~or institution~~ Pike County
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~or institution~~ 11-28-47 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town ~~[illegible]~~ Mo
(If outside city or town limits, write "RURAL")
Clarksville, Mo
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? R F D (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES NEWTON GIVENS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race W
6. (a) ~~Single, widowed~~, married, ~~divorced~~
6. (b) Name of husband or wife ORA
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased 9 (Month) 22 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
73	3	18	hr. min.

9. Birthplace PIKE COUNTY (City, town, or county) MO (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business
FATHER
12. Name JOHN M. GIVENS
13. Birthplace PIKE COUNTY (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name EMMA McDANNOLD
15. Birthplace PIKE COUNTY (City, town, or county) MO (State or foreign country)
16. (a) Informant Jas N. Gwin
(b) Address Clarksville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview
18. (a) Signature of funeral director Haley Mortuary
(b) Address Louisiana Mo
19. (a) 1-11-48 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 10 year 48 hour 4 minute 45P M.
21. I hereby certify that I attended the deceased from 11-28 1947 to 1-10 1948
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	
Due to Generalized Carcinomatosis Metastasis from glanular cell Carcinoma	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 55E	
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 Louisiana Mo Date signed 1/10/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 2-48-22
FEB -4 1948
Date Filed

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 George O. Hagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.