

No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12582

FILED APR 17 1948  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1429

WRITE PLAINLY—USE 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:  
2535 Montgall  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 34 Years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Floyd Alfred Givehand  
3. (b) If veteran, name war No  
3. (c) Social Security No. 495-05-0092

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Irene Givehand  
6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased December 22, 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
41 3 8 hr. min.

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

10. Usual occupation Waiter

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

MOTHER FATHER { 12. Name James Givehand  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Hannah McDonald  
15. Birthplace Mongoe Springs, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Givehand

(b) Address Paola, Kansas

17. (a) Removal (b) Date thereof 4/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo.

18. (a) Signature of funeral director Hattie L. Bess

(b) Address 1729 Lyden Ave.

19. (a) 4-1-48 (b) M. Waldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 2535 Montgall  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 30  
year 1948 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from  
Nov 1944 to 3/31/48  
that I last saw him alive on 3/30/48  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease  
Duration \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death)  
932

Major findings: Of operations \_\_\_\_\_

Of autopsy See above  
Underline the cause to 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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. Doctor other) \_\_\_\_\_

Address 1109 Parkside Way, Kansas Date 3/31/48

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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 E. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

**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.**