S. No. 300
v. 10.48

FILED APR 5 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8538

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1168

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) over 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2843 Brooklyn

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 2843 Brooklyn

3. NAME OF DECEASED (Type or Print) a. (First) Major b. (Middle) c. (Last) Rivers

4. DATE OF DEATH (Month) (Day) (Year) March 7, 1952

5. SEX male
6. COLOR OR RACE negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 3-18-1894
9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stowman
10b. KIND OF BUSINESS OR INDUSTRY Frisco R. R.
11. BIRTHPLACE (State or foreign country) Whiteville, Tenn.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Ike Rivers
13b. MOTHER'S MAIDEN NAME Emma -
14. NAME OF HUSBAND OR WIFE Edna Rivers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W. W. 1
16. SOCIAL SECURITY NO. 702-07-1330
17. INFORMANT'S SIGNATURE OR NAME Mrs. Geo. Gates ADDRESS 2843 Brooklyn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carcinoma of right lung, primary — INTERVAL BETWEEN ONSET AND DEATH 10-23-51

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) cancer cachexia — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION Jan. 12, 1952
19b. MAJOR FINDINGS OF OPERATION carcinoma right upper lobe of lung
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-23, 1951, *to* 3-7, 1952, *that I last saw the deceased alive on* 3-7, 1952, *and that death occurred at* 6P. *m., from the causes and on the date stated above.*

23a. SIGNATURE L. M. Tillman M.D. (Degree or title) Dr. L M Tillman M.D.
23b. ADDRESS 1618 Lydia
23c. DATE SIGNED 3-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 3-11-52
24c. NAME OF CEMETERY OR CREMATORY Highland
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 3-11-52
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE West, Appleton & Jones Inc. ADDRESS 1905 Vine

(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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed C. H. Hist

Licensed Embalmer No. 2710

P. O. Address K. C. 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.