DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37379

Registration District No. 6 1939 NOV 24 Primary Registration District No. 6096 Registrar's No.

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Rural. Taylor Twnsh
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community One day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn
(c) City or town Brookfield, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years

3. (a) PRINT FULL NAME Carl Bivens
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Etta Etta Bevens
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Sept. 29, 1900 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
39	0	28	hr. min.

9. Birthplace Purdin, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Flying Instructor
11. Industry or business

MOTHER FATHER
12. Name George I. Bivens
13. Birthplace Purdin, Linn Co. Missouri (City, town, or county) (State or foreign country)
14. Maiden name Mary E. Ogle
15. Birthplace Purdin, Linn Co. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Etta Bivens
(b) Address 316 E Clayton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/1939 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill, Brookfield, Mo
18. (a) Signature of funeral director W. E. Thorne
(b) Address Lacledo, Mo
19. (a) — (Date received local registrar) (b) Nov 2 E. N. Gerard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28th year 1939 hour About 4:30 PM minute — 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	Duration
He came to his death by being shot in the	
Due to back of head gun fire by pistol by parties Unknown.	
Due to Coroners Jury Verdict	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
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? No
(Specify type of place)
While at work? (e) Means of injury —
23. Signature C. W. Musgrave Coroner (M.D. or other)
Address Bethel, Mo Date signed 10/30/39

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Me

W.G.Thorne, Registered Apprentice No. 2876

working under my personal supervision.

Signed W.G.Thorne

Licensed Embalmer No. 2876

P. O. Address Laclede, Mo., Linn Co

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.