DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1289

Registration District No. 399 FEB 26 1940

Primary Registration District No. 1002

Registrar's No. 274

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5174 South Oakley
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -------- (Specify whether
In this community 40 Years
years, months or days) 167

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. 5174 South Oakley
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Mrs. Mattie E. Stacy Chivers

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Marr.

6. (b) Name of husband or wife Mr. John H. Chivers

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased October (Month) 18 (Day) 1869 (Year)

8. AGE: Years 70 Months 3 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business -------- 0

FATHER
12. Name Judge James L. Stacy 0
13. Birthplace Chariton County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Mary Elizabeth Courtney
15. Birthplace Chariton County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature John H. Chivers
(b) Address 5174 So. Oakley

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Jan. 21, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1940 hour 3 minute P M.

21. I hereby certify that I attended the deceased from 1937, 19.. to Jan 20, 1940
that I last saw her alive on Jan 20, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uraemic Poisoning	5 da
Myxoedema	
Due to Ch. Bright Disease 121	
Due to Ch. Myocardial degeneration	
Other conditions Mental derangement (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy none	

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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature D. D. Edmonds (M. D. ~~or other~~)
Address 4800 E 24th St Date signed 1/21/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 X19511

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 M. Collier

Licensed Embalmer No. 3839

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, above space should be left blank.