

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 13 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 33953

Registrar's No. 3893

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 2220 Woodland Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community over 10 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jennie Givan

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Wm Givan 6. (c) Age of husband or wife if alive Over 70 years

7. Birth date of deceased Sept 18 1870 (Month) (Day) (Year)

8. AGE: 62 Years 7 Months — Days If less than one day hr. min.

9. Birthplace Nashville Tenn (City, town, or county) (State or foreign country)

10. Usual occupation House maid

11. Industry or business Wm Stewart Perkins

12. Name Jamie White

13. Birthplace Nashville Tenn (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant J Layl Givan

(b) Address 626 W. 43 St.

17. (a) Burial (b) Date thereof 10-18-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem

18. (a) Signature of funeral director Wm Appleton Jones

(b) Address 1905 Olive St

19. (a) 10/18/41 (b) M. M. Crow (Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town 2220 Woodland Ave K.C. Mo. 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 2220 Woodland Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1941 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____; that I attended him all the way on _____ 19____; and that he died on the date and hour stated above. Immediate cause of death _____ Duration _____

Rupture of pulmonary artery into rt. main bronchus & fatal hemorrhage

Other conditions 114E
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? _____

While at work _____ (e) Means of injury _____
23. Signature Victor A. Baker (M. D. or other) 3
Address _____ Date signed _____

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

18
33
88

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

C. H. Frost

Licensed Embalmer No.

2710

P. O. Address

Kansas City 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.