

FILED APR 23 1945

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 1637

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 1803 Brownell
(d) Length of stay: In hospital or institution 3 yrs
In this community 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1803 Brownell
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME May Jane Livingston
3. (b) If veteran, name war -no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 8
year 1945 hour 3 minute 00 P.M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George W. Livingston 6. (c) Age of husband or wife if deceased years
7. Birth date of deceased Aug 31 1865

21. I hereby certify that I attended the deceased from Apr 15 1944 to Apr 8 1945
that I last saw her alive on April 3 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis
Duration _____

8. AGE: Years 79 Months 7 Days 29 If less than one day _____ hr. _____ min.

Due to _____
Due to gla
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Chautauque Co. N.Y.
10. Usual occupation at home

Major findings: _____
Of operations _____
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name James W. Garner
13. Birthplace Eric Co. Pa.
14. Maiden name Martha Bradley
15. Birthplace Essex Co. N.Y.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? _____

16. (a) Informant Mrs. Martha Clark
(b) Address Kansas City, Mo. 1803 Brownell
17. (a) Removal (b) Date thereof 4-8-45
(c) Place: burial or cremation Union Star, MO

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. Wellman (M. D. provider)
Address Kansas City, Mo. Date Apr. 10 1945

18. (a) Signature of funeral director Wm. Stanton
(b) Address Michigan, Kan.
19. (a) 4-11-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

West Side Board
125 Broadway
New York

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: Wm. E. Stanton, Jr.

Licensed Embalmer No. 3778

P. O. Address: Michigan, Kan.

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.