

**FILED** JUL 11 1946

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
306 Grover  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no  
(Specify whether  
In this community 45 Yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. 306 Grover  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Flora Bivens

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

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

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

7. Birth date of deceased Feb. 23 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 3 25 hr. min.

9. Birthplace Whitehall Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Teacher

11. Industry or business Public Schools

12. Name E. W. Bivens  
13. Birthplace Kentucky (State or foreign country)  
14. Maiden name Amanda Roberts  
15. Birthplace Johnson County, Missouri (State or foreign country)

16. (a) Informant Miss Ella Bivens  
(b) Address 306 Grover St

17. (a) Burial (b) Date thereof June 19 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips  
(b) Address Warrensburg Mo.

19. (a) June 20, 1946 (b) Savannah Custerfield 23. Signature [Signature] (M. D. or other)  
(Data received local registrar) (Registrar's signature) Address Warrensburg Mo. Date signed June 20 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17  
year 1946 hour 10 minute P M.

21. I hereby certify that I attended the deceased from June 17 1946 to June 17 1946; that I last saw him alive on June 17 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 2 yrs

Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations.....  
Of autopsy.....

Duration

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.....

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? (Specify type of place) (c) Means of injury [Signature]

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

149693

147

SEP 8 1958

**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 P. Q. Phillips.

Licensed Embalmer No. 2320

P. O. Address. Warrensburg, 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.**