

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

30592

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED OCT 14 1946 STANDARD CERTIFICATE OF DEATH**

State File No. ....

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 308

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Sugar Creek, Missouri  
(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 67 years (Specify whether  
In this community 67 years years, months or days)

3. (a) PRINT FULL NAME MARY E. NIVENS

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 Married

6. (b) Name of husband or wife Jesse W. Nivens

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased February 28 1879  
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days A  
If less than one day ..... hr. .... min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Charles Becker

13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Emily Bell Evens

15. Birthplace Jackson County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse W. Nivens

(b) Address 11240 Morrell, Sugar Ck., Mo

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

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director George C. Carson  
Independence, Missouri

(b) Address

19. (a) 9-23-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

(c) City or town Sugar Creek  
(If outside city or town limits, write "RURAL")

(d) Street No. 11240 Morrell  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September day 1st  
year 1946 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from  
....., 19....., to ....., 19.....;

that I last saw h alive and that death occurred on the date and hour stated above.

Immediate cause of death acute Coronary Occlusion Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 94A  
Of operations

Of autopsy History & inspection

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?

White at work? W. E. Uscher (Specify type of place) Means of injury MI

23. Signature W. E. Uscher (M. Incorporating)  
2800 Main Date 10/16  
Address

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

---

---

**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..... *Lloyd C. Carson*  
Licensed Embalmer No... *4199*  
P. O. Address... *Independence,*

**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.**