

FILED MAY 26 1948  
Registration District No. **382**

Primary Registration District No. **4230**

45  
0  
0  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Howard Co**

(a) County..... **Howard Co**

(b) City or town..... **Amatung**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **at home**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **2 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo** (b) County..... **Howard** **45**

(c) City or town..... **Amatung** **0**  
(If outside city or town limits, write "RURAL") **0**

(d) Street No..... **home** **0**  
(If rural, give location) **0**

(e) Citizen of foreign country?..... **no** (Yes or No)

If yes, name country..... **no**

3. (a) PRINT FULL NAME **PINKY RIVIERE**

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, divorced, **single**

6. (b) Name of husband or wife..... **none**

6. (c) Age of husband or wife if alive..... **no** years

7. Birth date of deceased..... **may 17 1881**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **23**  
year **1948** hour **1** minute **35 P.M.**

21. I hereby certify that I attended the deceased from **January 5**, 19**48**, to **March 20**, 19**48**, that I last saw him alive on **March 12**, 19**48**, and that death occurred on the date and hour stated above.

Immediate cause of death..... **Uremia**

Duration **10 day**

8. AGE: Years Months Days If less than one day

**67** **9** **7** hr. min.

Due to **Chronic pneumatic obstruction** **5 years**

Due to.....

9. Birthplace..... **Ashley Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **House work**

11. Industry or business..... **as maid**

12. Name..... **Herman Revere**

13. Birthplace..... **Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Herman Jones**

15. Birthplace..... **Mo**  
(City, town, or county) (State or foreign country)

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... **1 3 2**

Of autopsy.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant..... **Emma Smith**  
(b) Address..... **Amatung**

17. (a) **Burial** (b) Date thereof **Feb 28 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Revere Cent**

18. (a) Signature of funeral director..... **J. S. Robson**  
(b) Address..... **Amatung Mo**

19. (a) **3-25-48** (b) **Max Joe King**  
(Date received local registrar) (Registrar's signature)

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..... **0**

23. Signature..... **James D. Dem** (M. D. or other) **M.D.**  
Address..... **Lee Hwy. Fayette, Mo** Date signed..... **5-15-48**

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-23-48

MAY 26 1948

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 H. S. Peterson

Licensed Embalmer No. 3001

P. O. Address Amstrong

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.