

FILED DEC 30 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1409

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. METH. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hrs
In this community 24 hrs
years, months or days

3. (a) PRINT FULL NAME PEARL EMMA BIVENS

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced IM
6. (b) Name of husband EMMETT BIVENS
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased HUG 4 1910
(Month) (Day) (Year)

8. AGE: Years 36 Months 4 Days 18
If less than one day hr. min.

9. Birthplace: WEATHERBY MO
(City, town, or county) (State or foreign country)

MOTHER FATHER

10. Usual occupation HOUSE WIFE

11. Industry or business

12. Name MILTON WILLETTS

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

14. Maiden name GENEVA HODDLESTON

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

16. (a) Informant Emmett Bivens
(b) Address Maysville Mo

17. (a) REMOVED (b) Date thereof 12-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MAYSVILLE MO

18. (a) Signature of funeral director DUEKER FUNERAL HOME

(b) Address MAYSVILLE MO

19. (a) Dec 23 1946 (b) G. C. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DEKALB
(c) City or town MAYSVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
year 1946 hour 7 minute 20 P. M.
21. I hereby certify that I attended the deceased from 12-22-46
to 12-22, 1946
that I last saw him alive on 12-22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Edema
Edema Duration 12 hrs

Due to High blood pressure and dehydrated 2 days
Due to Pregnancy full term 9 mos

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

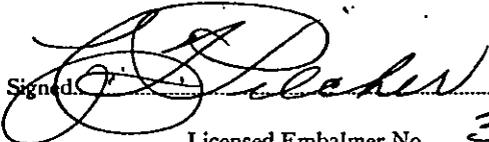
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature H. D. Healy M.D. (M. D. or other)
Address St Joseph Mo Date signed 12-23-46

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 .....
Licensed Embalmer No. 3960
P. O. Address Mayville, 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.