

FILED NOV 9 1948

State File No.

Registration District No. 282

Primary Registration District No. 4424

Registrar's No.

1. PLACE OF DEATH:
 (a) County Pick
 (b) City or town Humansville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME PICKNEY J. HUMAN
 3. (b) If veteran, name war:
 3. (c) Social Security No.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Charlotte
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased Oct 4 1870
 (Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 27 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Stone Mason

12. Name James G Human

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

14. Maiden name Emmie Miller

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

16. (a) Informant Mrs Lottie Human

(b) Address Humansville, Mo.

17. (c) Burial (b) Date thereof 11-3-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humansville Cemetery

18. (a) Signature of funeral director E.H. Human

(b) Address Humansville, Mo.

19. (a) Nov 4 1948 (b) Ralph Garden
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pick
 (c) City or town Humansville
 (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 Nov day 1
 year 1948 hour 11 minute 15 P. M.
 21. I hereby certify that I attended the deceased from Oct 31
1948 to Nov 1 1948;
 that I last saw him alive on Nov 1 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis
 Duration

Due to
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g.b.
 Of autopsy

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?

While at work? (Specify type of place)
 (e) Means of injury 2

23. Signature D.E.D. Brown (M.D. or other) Do
 Address Callins Mo Date signed 11-3-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 10-48-1297
Date Filed 11-8-48

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.....

Tom. T. Northrop....., Registered Apprentice No. 247
working under my personal supervision.

Signed E. H. Grimm
Licensed Embalmer No. 4282
P. O. Address Sumnersville, 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.