

FILED DEC 20 1948

Registration District No. 388

Primary Registration District No. 6154

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Birds Corner
(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) 1
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days 1 1/2 (Specify whether)

3. (a) PRINT FULL NAME Rivanni Hill

3. (b) If veteran, name war 720 3. (c) Social Security No. None

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed married, divorced, 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 12 1898
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Miss County, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Larsel Brown

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

14. Maiden name Unknown

15. Birthplace 11 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Taylor

(b) Address Way to Mrs

17. (a) Removal (b) Date thereof 8-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo

18. (a) Signature of funeral director Ed Hurman

(b) Address St. Louis, Mo

19. (a) 12-18-48 (b) Rose Webber
(Date received local registrar) (Registrar's signature) 355

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Birds Corner 103
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 16
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 15 1948 to Aug 15 1948
that I last saw her alive on Aug. 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CANCER OF THE LIVER Duration UNKNOWN

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 467

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) _____ Means of injury 2

23. Signature D. D. M. Field (M. D. or other) D.O.

Address D. D. M. Field Date signed 12-9-48

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

DEC 20 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.....

John W German

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.