

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

14586
Do not use this space.

RECD MAY 18 1939

1. PLACE OF DEATH

(a) County Black Registration District No. 190
 (b) Township Kahoka Primary Registration District No. 113
 or
 (c) City Kahoka (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. moa. da. (f) How long in U. S., if of foreign birth? yrs. moa. da.

2. PRINT FULL NAME Maggaret I Black

(a) Residence, No. Kahoka Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Black
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 1870
 7. AGE YEARS 68 MONTHS 7 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Black Co. Missouri

FATHER 13. NAME Alva A. Denham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poleworth Scotland

MOTHER 15. MAIDEN NAME Sarah Chatten

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Asper England

17. INFORMANT (ADDRESS) Mrs. Katherine Pohlman Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kahoka Cem. DATE April 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Phalen Kahoka Mo.

20. FILED Apr. 9 1939 J. B. Bridgman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1939

I HEREBY CERTIFY that I attended deceased from March 15 1939 to Apr. 7 1939
 I last saw him alive on Apr. 7 1939 Death is said to have occurred on the date stated above, at 2:40 P.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of the Uterus Date of onset _____

Other contributory causes of importance: H¹

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) J. B. Bridgman M. D.
 (Address) Kahoka Mo. 1724

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-39-794

Date Filed MAY 10 1939

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 Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka 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, above space should be left blank.