

NOV 27 1939

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

35908

Do not use this space.

1. PLACE OF DEATH

(a) County Dade Registration District No. 287
(b) Township Center Primary Registration District No. 4144
(c) City Greenfield, Mo. (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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Bessie Gertrude Black
(a) Residence, No. Greenfield, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16 - 1966
7. AGE YEARS 73 MONTHS 1 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. House keeping
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) W. Va.

13. NAME Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Mrs. E. Shoemaker (ADDRESS) Greenfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenfield, Mo. DATE Oct. 20, 1939

19. FUNERAL DIRECTOR (NAME) A. W. Ward (ADDRESS) Greenfield, Mo.

20. FILED Nov 27 1939 Geo. P. Weir Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1939 to Oct 19, 1939
I last saw her alive on Oct 11, 1939. Death is said to have occurred on the date stated above, at 2 P. M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Aug 15, 1939
Arteriosclerosis General 1930

Other contributory causes of importance: g. h.

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

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 L
Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____
(Signed) J. L. Shannon W. D.
(Address) Greenfield, Mo.

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X14223

RECEIVED

District Health Officer No. 6,

District File Number 101-2375

Date Filed NOV 21 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,

J. W. Ward

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

J. W. Ward

Licensed Embalmer No. 28327

P. O. Address

Greenfield, Mass.

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.