

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

40555

Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 693
 (b) Township Purton Primary Registration District No. 5920
 (c) City _____ (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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF May Black
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2nd 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 4 24
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) Edgerton Platte Co. Mo. (STATE OR COUNTRY) Missouri
 FATHER 13. NAME Hensley Harris Black 14. BIRTHPLACE (CITY OR TOWN) Ridgely Platte Co. Mo. (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Julia Amanda Burnam 16. BIRTHPLACE (CITY OR TOWN) Smith Co. Texas (STATE OR COUNTRY) Texas
 17. INFORMANT May Black (ADDRESS) Edgerton Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ridgely Mo. cem. DATE Nov 28th 1939
 19. FUNERAL DIRECTOR (NAME) Lucian Davis (ADDRESS) Seasons May 1939
 20. FILED 12/8 1939 Lucian R. Hask Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26th 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1935, to Jan 26, 1939
 I last saw him alive on Jan 16, 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lungs
 Date of onset _____
 Other contributory causes of importance: 72
 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? _____
 Info. specify _____ (Signed) J. F. Ruse M. D.
 (Address) Smithville Mo. R. 2

RECEIVED

District Health Officer No. 191

Case No.

1239-1740

DEC 15 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.....

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph 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.