JAN 12 1940

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

43104
Do not use this space.

1. PLACE OF DEATH
(a) County Clay
(b) Township Fishing River
(c) or City Excelsior Springs, Mo.
Registration District No. 198
Primary Registration District No. 3011
Registered No. 166
(d) Street No. Veterans Administration Facility 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 0 yrs. 1 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME BLACK, Preston
(a) Residence, No. 80½ East Arrow St. Marshall, Missouri
(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): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: not obtained
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 30, 1897
7. AGE: Years 42 | Months 5 | Days 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Justice of the Peace
9. Industry or business in which work was done, as saw mill, bank, etc.: unknown
10. Date deceased last worked at this occupation (month and year): unknown
11. Total time (years) spent in this occupation: unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nelson, Missouri

FATHER
13. NAME: Hiram Black
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): London, Kentucky

MOTHER
15. MAIDEN NAME: Susie Asher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): London, Kentucky

17. INFORMANT (ADDRESS): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshall, Mo. DATE 12-12-39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Sweeney Funeral Home, Marshall, Mo.

20. FILED Dec 12, 1939 Mrs Rex McCracken
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 12, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1939, 19, to Dec. 12, 1939, 19
I last saw him alive on Dec. 12, 1939, 19. Death is said to have occurred on the date stated above, at 6:20 m. a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease with cardiac enlargement, myocardial damage and insufficiency	

Other contributory causes of importance:

Name of operation: none Date of: —
What test confirmed diagnosis? Was there an autopsy? no

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) H. A. GERMAN, M.D., Clinical Director
(Address) Veterans Administration Facility
Excelsior Springs, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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. 8,
District File Number
Date Filed 1/11/40

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.