FILED JUN 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18566

Registration District No. 378 Primary Registration District No. 4222 Registrar's No. ~~38~~ 32

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

1. PLACE OF DEATH:

(a) County Howard,

(b) City or town Fayette, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard,

(c) City or town Fayette, (If outside city or town limits write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Henry Black, 420

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Edieth Black

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Io -8th 1866 (Month) (Day) (Year)

8. AGE: ~~74~~ Years 73 Months 7 Days ~~6~~ 5 If less than one day hr. min.

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

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name John F. Black
13. Birthplace Kentucky, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret J. Tanner,
15. Birthplace Kentucky. (City, town, or county) (State or foreign country)

16. (a) Informant Norman Black,

(b) Address Fayette, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16th 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Clarks Chaple,

18. (a) Signature of funeral director Guy T. Halley.

(b) Address Fayette, Mo. 339

19. (a) June 5 1940 (Date received local registrar) (b) V. O. Bonham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-13th 1940 day year hour minute 11 00 M.

21. I hereby certify that I attended the deceased from May 10, 1940, to May 13, 1940; that I last saw him alive on 5-13, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Embolus	None
Due to Fractured left humerus	3 days.
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	

Major findings: Of operations none

Of autopsy None

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) Accident

(b) Date of occurrence 5-10-40

(c) Where did injury occur? Home near Fayette, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Farm (Specify type of place)

While at work? (e) Means of injury Fractured Arm, Face

23. Signature Wm J. Shaw (M. D. or other) M.D.

Address Fayette, Mo. Date signed 5-17-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-13-40

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 Guy T. Freeman

Licensed Embalmer No. 2966

P. O. Address .....

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.

. No. 2B
—2-21-40
1 X22652

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

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STANDARD CERTIFICATE OF DEATH

State File No. 18566

Registration District No. 378 Primary Registration District No. 4222 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Fayette
(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)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Wm Henry Black

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased 10 (Month) 8 (Day) 1866 (Year)

8. AGE: Years 73 74 Months 7 Days 65 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) June 5th (Date received local registrar) (b) 40 V. O. Bonham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 13
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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?
(Specify type of place)
While at work? Means of injury

23. Signature Wm J. Shaw (M. D. or other)
Address Fayette Mo. Date signed