JUN 17 1940

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

19340
Do not use this space.

1. PLACE OF DEATH
(a) County Ray 2 Registration District No. 744
(b) Township 0 Primary Registration District No. 3035 Registered No. 55
(c) or City Richmond 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 69 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Wesley Black
(a) Residence, No. 357 South Whitmer street 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: Minnie K. Black
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 20, 1856
7. AGE: YEARS 83 MONTHS 8 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Common Labor
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): Hagerton Ind.

FATHER
13. NAME: W.H. Black
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Mary Landis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Virginia

17. INFORMANT (ADDRESS): Minnie K. Black Richmond Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lavelock Cemetery DATE June 2, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): E. Thurman Richmond Mo.
20. FILED June 1, 1940 Mabel Jackson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 1 1940, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-29, 1940, to 6-1, 1940
I last saw him alive on 6-1, 19.... Death is said to have occurred on the date stated above, at 12/30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	
54	

Other contributory causes of importance:
Diabetes nellitus

Name of operation ..... Date of .....
What test confirmed diagnosis? Phy Ex 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) Thos F. Cook, M. D.
965 (Address) Richmond Mo

(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 6-14-40

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 com with the above constitutes grounds for revocation of license.)

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