

JUL 9 1940 457

State File No. _____

Registration District No. _____

Primary Registration District No. 1001 B 4971

Registrar's No. 13 14

1. PLACE OF DEATH:

(a) County LAFAYETTE
 (b) City or town CONCORDIA MO
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
(Specify whether)
 In this community 1 Day
years, months or days

3. (a) PRINT FULL NAME SAMUEL HUSTON BLACK

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased JUNE 29 1905
(Month) (Day) (Year)

8. AGE: Years 34 Months 10 Days 17 If less than one day 0 hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name SAMUEL L. BLACK

13. Birthplace KNOX COUNTY MO
(City, town, or county) (State or foreign country)

14. Maiden name IDA ANN MARTIN

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

16. (a) Informant Dr. E. L. Johnson

(b) Address Concordia, Mo

17. (a) Removal (b) Date thereof May 17, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Mo

18. (a) Signature of funeral director E. L. Johnson

(b) Address Concordia, Mo 412

19. (a) June 17 - 40 (b) Herbert S. Shyman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
 (c) City or town Concordia, Mo
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day May
 year 1940 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 16, 1940, to May 16, 1940
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Paralysis
due to Barbartine poisoning
(Acute)
 Due to _____
 Other conditions 1 1/2
(Include pregnancy within 5 months of death)

Duration

PHYSICIAN

Major findings: Of operations _____
 Of autopsy Chemical Analysis reveals Barbartine derivative

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) Suicide

(b) Date of occurrence May 16, 1940

(c) Where did injury occur? Concordia, Mo
(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? _____ (e) Means of injury h

23. Signature E. B. Nisbet (M. D. or other) _____

Address Odesa, Mo Date signed 5/16/40

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-3-40

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

me

Registered Apprentice No.

working under my personal supervision.

Signed

E. S. James

Licensed Embalmer No.

2058

P. O. Address

Concordia 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.