

Registration District No. **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2018 Francis**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **21 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limit, write "RURAL")
(d) Street No. **2018 Francis**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **5**
year **1940** hour **11 P M** minute **5** M.
21. I hereby certify that I attended the deceased from **3-1-1940**
to **Aug 5 1940**
that I last saw him alive on **Aug 5 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Apoplexy**
Due to: **Probably Hypertension**
Due to: **Stroke**

Other conditions: **Stroke of Paralysis**
Major findings: **March 1940**
Of operations: **right side**
Of autopsy:

Duration
Physician
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

Joseph Black **420**

3. (b) If veteran, name war **Civil**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Julia** 6. (c) Age of husband or wife if alive **Dead** years
7. Birth date of deceased **April 21 1840**
(Month) (Day) (Year)

8. AGE: Years **100** Months **3** Days **14** If less than one day hr. min.

9. Birthplace **Clinton Co. Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Brick Layer**

11. Industry or business **Job**

12. Name **Josephus Black**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Thomas**
15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Manuel Black (Son)**
(b) Address **2221 So. 6th**

17. (a) **Burial** (b) Date thereof **Aug. 8, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Joseph City Cemetery**

18. (a) Signature of funeral director **James E. Rupp**
(b) Address **6054 Pryor Ave.**

19. (a) **Aug 7 1940** (b) **[Signature]**
(Date of local registrar) (Registrar's signature)

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?

23. Signature **[Signature]** (Specify type of place) (e) Means of injury
Address **691/2 W. 110 Ave.** Date signed **8/16-40**

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

1
5
7

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.....

Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed

John E. Repp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Missouri

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.