No. 2
4-12-40
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1940

Registration District No. 26

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 38035

Registrar's No. 155

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

1. PLACE OF DEATH:
(a) County: Andrain
(b) City or town: Mexico (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days) In this community: 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Andrain
(c) City or town: Mexico Mo (If outside city or town limits, write "RURAL")
(d) Street No.: E. Railroad St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: George Black
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: Eliza Hefner
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased: Don't Know (Month) (Day) 1862 (Year)
8. AGE: Years: about 78 Months: — Days: — If less than one day ___ hr. ___ min.
9. Birthplace: Callaway Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer Laborer
11. Industry or business: —
FATHER 12. Name: John Black
FATHER 13. Birthplace: D.K. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: D.K.
MOTHER 15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Oscar Black
(b) Address: Rt 5 Mexico Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 11/20/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Youngstown, Mo.
18. (a) Signature of funeral director: Chas Arnold
(b) Address: Mexico Mo
19. (a) Nov 19 1940 (Date received by registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day Nov. year 1940 hour 7 minute A.M.
21. I hereby certify that I attended the deceased from ~~Oct 17~~ 19— to Oct 17 1940 that I last saw him alive on Oct 1 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio Nephritis
Due to: Hypertention
Due to:
Other conditions: Hypertrophied prostate
(Include pregnancy within 3 months of death)

Duration

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? No (e) Means of injury:

23. Signature: Frank Talley (M. D. or other)
Address: Mexico Mo. Date signed 11-19-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-40-2285
Date Filed DEC 11 1940

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. 3569

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.