No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41736

FILED JAN 10 1941

Registration District No. 29 Primary Registration District No. 5038 Registrar's No. 58

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

1. PLACE OF DEATH:
(a) County Barry
(b) City or town R#2 Cassville
(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
In this community 75 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town R#2 Cassville
(If outside city or town limits write "RURAL")
(d) Street No. D (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME John Mack Black
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 Sophronia Black 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March (Month) 15 (Day) 1862 (Year)

8. AGE: Years 78 Months 9 Days 11 If less than one day ____ hr. ____ min.

9. Birthplace Rolla (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER 12. Name Jacob Black
13. Birthplace Chattanooga (City, town, or county) Tennessee (State or foreign country)
MOTHER 14. Maiden name Mary Kirkpatrick
15. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Sophronia Black
(b) Address R#2 Cassville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Pilant Cemetery
18. (a) Signature of funeral director Rogers Funeral Home
(b) Address Cassville, Mo
19. (a) ____ (Date received local registrar) (b) George Newman, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1940 hour 3 minute 15 A.M.
21. I hereby certify that I attended the deceased from Nov 11, 1940, to Dec 24, 1940 that I last saw h. alive on Dec 24, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency and edema — Duration
Due to Old age
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? 30
While at work? (Specify type of place) (e) Means of injury
23. Signature W. R. McClure (M. D. or other) D. O.
Address Cassville, Mo Date signed 12/26/40

(Licensed Embalmer's Statement on Reverse Side)

Dr McClure

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 comply the above constitutes grounds for revocation of license.)

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