

44198

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JAN 22 1941

Registration District No. 898Primary Registration District No. 6203Registrar's No. 19

1. PLACE OF DEATH:

- (a) County Webster
 (b) City or town Rural - E. Benton Twp
 (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 _____
-
- (Specify whether _____)

In this community, 58 yrs
years, months or days _____ (Specify whether _____)8. (a) PRINT FULL NAME ADDIE A. BLACK

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

- | | | |
|---|--|--|
| 4. Sex <u>F</u> | 5. Color or race <u>w</u> | 6. (a) Single, widowed, married, divorced <u>widowed</u> |
| 6. (b) Name of husband or wife <u>S. W. Black</u> | 6. (c) Age of husband or wife if alive _____ years | |
| 7. Birth date of deceased <u>6</u> (Month) | <u>7</u> (Day) | <u>1857</u> (Year) |

8. AGE: Years 89 Months 6 Days 11 If less than one day _____ hr. _____ min.9. Birthplace Newfane, Vermont (City, town, or county) (State or foreign country)10. Usual occupation housewife

11. Industry or business _____

- MOTHER FATHER
 { 12. Name Leonard Brown
 { 13. Birthplace Vermont (City, town, or county) (State or foreign country)
 { 14. Maiden name Julesa Carpenter
 { 15. Birthplace Vermont (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Kusta B. Smith(b) Address Fordland Mo R.R.#217. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 30 1940 (Month) (Day) (Year)(c) Place: burial or cremation Fordland18. (a) Signature of funeral director Kelley Ferrill(b) Address Fordland, Mo19. (a) Jan. 4 1941 (Date received local registrar) (b) Lester W. Good (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Webster
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Fordland Mo. R.F.D. 2
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1940 hour 9 minute 30 A.M.21. I hereby certify that I attended the deceased from Sept 15
1940 to Dec 18, 1940
that I last saw her alive on Dec 17, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Mitral Regurgitation

Duration

Due to Chronic Myocarditis 25 yrs

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?
Yes (Specify type of place) _____ (e) Means of injury _____

23. Signature Walter Wilson (M. D. or other) M.D.
Address Fordland, Mo Date signed 12/8/40

RECEIVED
District Health Officer No. 6,
District File Number 141-524
Date Filed JAN 8 1955

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 K K Kelley

Licensed Embalmer No. 3374

P. O. Address Raymour

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.