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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17817

Registration District No. 318 FILED JUN 12 1941

Primary Registration District No. 2001

Registrar's No. 403

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 300 N. Nettleton, / Springfield, Mo.
(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) 30 Years

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield, Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 300 N. Nettleton, 6
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Josephine Ricketts Black

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F M /

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jack Black

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June (Month) 15th. (Day) 1874 (Year)

8. AGE: Years 66 Months 11 Days 00 If less than one day hr. min.

9. Birthplace Unknown / Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Joseph Ricketts

13. Birthplace ~~Ky.~~ Unknown / Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Kendley

15. Birthplace ~~Ky.~~ Unknown / Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Black

(b) Address 300 N. Nettleton, City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-41 (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cemetery

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Springfield, Mo.

19. (a) 5-17-41. (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 — 41 year hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 8, 1941, to May 15, 1941; that I last saw h. alive on May 15, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia — Duration

Due to Chronic Bronchitis

Due to

Other conditions —
* (Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

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) no

(b) Date of occurrence no

(c) Where did injury occur? no (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 no

23. Signature H. F. Kerr (M. D. or other) O

Address Springfield Date signed May 19-41

(Licensed Embalmer's Statement on Reverse Side)

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 Floyd W Fox

Licensed Embalmer No. 2916

P. O. Address 629 W Walnut

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, fact should be so stated above.