

Registration District No. 96

Primary Registration District No. 4058

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Hamilton Mo.
(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 years, months or days

8. (a) PRINT FULL NAME ADALINE BLACK

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

4. Sex female 5. Color of race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fred Black 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept 21 1867 (Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Greenbrier Virginia (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business

12. Name Samuel Gay

13. Birthplace Greenbrier Va. (City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Mathews 15. Birthplace Lebanon Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Fred Black (b) Address Hamilton Mo.

17. (a) Jamesport Mo. (b) Date thereof Aug 5 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jamesport Mo.

18. (a) Signature of funeral director (b) Address Hamilton Mo.

19. (a) Aug 5 1941 (b) Merle Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell
(c) City or town Hamilton
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3rd year 1941 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 20 1941 to August 3 1941;

that I last saw her alive on August 3 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of bowels in left iliac region

Due to 558
Due to

Other conditions High blood pressure and leakage of mitral valve

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) Means of injury

23. Signature Fred Cade (M. D. of other) Address Hamilton Mo Date signed 8-4-41

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

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

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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 _____

L.R. Houghton

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

L.R. Houghton

Licensed Embalmer No. _____

3857

P. O. Address _____

Hamilton, N.J.

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.