

FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41476

Do not use this space.

1. PLACE OF DEATH

(a) County Caldwell Registration District No. 96
 (b) Township HAMILTON Primary Registration District No. 4058 Registered No. 270
 (c) City HAMILTON (d) Street No. 1 St. Mo.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JERIMAH BLACK
 (a) Residence, No. HAMILTON St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MO 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 1865

7. AGE YEARS 76 MONTHS 5 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. PENSIONER
 9. Industry or business in which work was done, as saw mill, bank, etc. (old age)
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LIVINGSTON Co. MISSOURI

FATHER 13. NAME ALEC BLACK
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME FRANKIE HUGHSON
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LIVINGSTON Co. MISSOURI

17. INFORMANT (ADDRESS) Frank Black Hamilton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jamestown DATE Dec 30 1941

19. FUNERAL DIRECTOR (ADDRESS) Foughton Funeral Home Hamilton Mo

20. FILED Dec 28 1941 Merle Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1941

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1941 to Dec 28 1941

I last saw him alive on Dec 28 1941. Death is said

to have occurred on the date stated above, at 11:45 P. m.

The principal cause of death and related causes of importance were as follows:

Cancer of stomach and bowels.
I think it sarcoma.

Date of onset

Other contributory causes of importance:

Starvation H68

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Dr. Eads, M. D.

(Address) Hamilton Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, J.P. Houghton, Licensed Embalmer No. 3854

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed J.P. Houghton

Licensed Embalmer No. 3854

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.)