S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42672

Registration District No. 969 Primary Registration District No. 0877 Registrar's No.

1. PLACE OF DEATH:

(a) County Perry Union

(b) City or town Rural Union Tenn

(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 73 -9 -18 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town Rural 0

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

(e) Citizen of foreign country? Native (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William Edward Black

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 4 (Day) 1868 (Year)

8. AGE: Years 73 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Robert Black
13. Birthplace Perry Co. (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary Dickson
15. Birthplace Perry co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Pearl Black

(b) Address Longtown Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24 1941 (Month) (Day) (Year)

(c) Place: burial or cremation York Chapel? Perry Co. Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) Dec. 24-1941 (Date received local registrar) (b) Ben Halter (Registrar's signature) 5/10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22 year 1941 hour 5 minute 30 AM.

21. I hereby certify that I attended the deceased from Sept 14-41 Dec 21, 1941, to , 19 ; that I last saw him alive on Dec 21 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremic Coma

Due to Chronic Interstitial Nephritis

Due to No history

Other conditions Valvular heart disease (Include pregnancy within 3 months of death)

Major findings: Of operations Cerebrum intern

Of autopsy None 131b

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature O J Miller (M. D. or other)

Address Cold Appleton Mo Date signed 12/23/41

(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 Edward C. Young

Licensed Embalmer No. 2138

P. O. Address Perryville Mo.

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, fact should be so stated above.