

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42782

State File No.

Registration District No. 712

Primary Registration District No. 5941

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Rural (Liberty Township)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Over fifty years (Specify whether years, months or days)

8. (a) PRINT FULL NAME William Charles Black

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sarah Black 6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased Feb. 25, 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 8 29 hr. min.

9. Birthplace Maywood, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Samuel Cincier Black  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane Gordon  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Ed Finley

(b) Address Swedeborg, Mo.

17. (a) Burial (b) Date thereof Nov. 27, '41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Cemetery

18. (a) Signature of funeral director J. L. Hoops & Sons

(b) Address Crocker, Mo.

19. (a) Dec 16, 1941 (b) Orville A. Oliver  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski  
(c) City or town Rural Liberty Twp  
(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 Nov. day 24  
year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6-2-41  
to 11-24, 1941.  
that I last saw him alive on 11-24, 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio-sclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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) (e) Means of injury \_\_\_\_\_

23. Signature Richard H. Oliver (M. D. or other) \_\_\_\_\_  
Address Richland, Mo. Date signed 12-24

RECEIVED

Pulaski County Health Officer

File Number 142-81

Date Filed 1-5-42

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Paul B Hoops

Licensed Embalmer No. 3261

P. O. Address Crocker, 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, above space should be left blank.