

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
FEB 11 1941

Registration District No. 385

Primary Registration District No. 5536

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Burnham Missouri
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Burnham Mo.
(If outside city or town limit write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Malinda Caroline Black

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 1 5. Color or race W. 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased March 8 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Gilmore County Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Habnston

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

14. Maiden name H. H. Hawn

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

16. (a) Informant Mrs. Anna Pettle
(b) Address Burnham, Mo.

17. (a) Burial (b) Date thereof 12-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burnham Cemetery

18. (a) Signature of funeral director Burnham + Sons
(b) Address Willow Springs, Mo.

19. (a) 12-16-41 (b) Hanley Ferguson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1941 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from July 9, 1938, to Dec 12, 1941; that I last saw him alive on 12-12-1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Arteriosclerosis Duration 5 yrs.

Due to _____
Due to _____

Other conditions: 97
(Include pregnancy within 3 months of death)

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) (e) Means of injury 3

23. Signature Ballihan (M. D. or other) _____
Address _____ Date signed 12-16-41

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

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3

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RECEIVED

District Health Officer No. 5,

District File Number 1424

Date Filed _____

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.