V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27881

State File No.

FILED SEP 11 1943

Registration District No. 2973 Primary Registration District No. 3051 Registrar's No. 56

79

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

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Perryville Mo. (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 53-10-11 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 78

(a) State Missouri (b) County Perry

(c) City or town Perryville Mo. (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Louis Black

3. (b) If veteran, name war

3. (c) Social Security No. 489-10-9221

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lena Black

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Oct. (Month) 2 (Day) 1888 (Year)

8. AGE: Years 53 Months 10 Days 11 If less than one day hr. min.

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

10. Usual occupation Manager Lumber Co.

11. Industry or business

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

MOTHER
14. Maiden name Louisa Taylor
15. Birthplace Perry Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Lena Black

(b) Address Perryville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

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

(b) Address Perryville Mo.

19. (a) 8-14-42 (Date received local registrar) (b) O F Preuss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13 year 1942 hour 4 minute 50P M.

21. I hereby certify that I attended the deceased from Aug 1 1942 to Aug 13 1942 that I last saw him alive on Aug 13 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Apoplexy	10 hrs.
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 83a
Of autopsy

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 Oscar A Carron (M. D. ~~or other~~)

Address Perryville, Mo. Date signed 8-14-42

#F

1110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 942-1151

Date Filed 9-8-42

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.