

FILED NOV 14 1942

Registration District No. 11

Primary Registration District No. 50-41-4021

Registrar's No. 101

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
In this community Most of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Cassville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ella M. Black
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female / race white
5. Color or ..
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Lee Black
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased July 7 1875
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>67</u> | <u>2</u> | <u>12</u> | hr. min. |

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

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER
12. Name James Dallas Staats
13. Birthplace Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hormish
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lilly Mosbaugh
(b) Address Cassville, Missouri

17. (a) Burial (b) Date thereof sept 23 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washburn Prairie

18. (a) Signature of funeral director Horine & Culver
(b) Address Cassville, Missouri

19. (a) Nov 5 1942 (b)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
year 1942 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 18 1935 to Sept. 19 1942
that I last saw her alive on Sept 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism
Duration 5 min.

Due to Chronic Asthma 20 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 940
Of operations

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 E. E. McDaniel, M.D. (M.D. or other)
Address Cassville, Mo. Date signed 10/20/42

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

RECEIVED

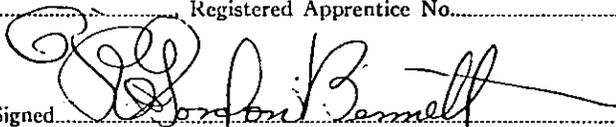
District Health Officer No. 6,

District File Number 1142-1599

Date Filed NOV 12 1942

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 _____
working under my personal supervision.

Signed  _____
Registered Apprentice No. _____

Licensed Embalmer No. 4213

P. O. Address Cassville, Miss

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 11

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Barny
(b) City or town
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ella M. Black
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September year 1942 hour 9 minute 15 M.
21. I hereby certify that I attended the deceased from 9 1942;
that I last saw him alive on 9 1942;
and that death occurred on the date and hour stated above.
Immediate cause of death:

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 7 years 7 months 2 days
7. Birth date of deceased: July (Month) 7 (Day) 1905 (Year)

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

8. AGE: Years 47 Months 2 Days 2 If less than one day min.
9. Birthplace: (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation
11. Industry or business
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (b) Date thereof: (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (b) grace william (Registrar's signature)
(Date received local registrar) (Specify type of place)

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 (M. D. or other)
Address Date signed

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

MOTHER FATHER

SUPPLEMENTARY

33083