

SEP 8 1943

Registration District No. 316

Primary Registration District No. 4462

Registrar's No. 30-

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Elvins
(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 Mo (b) County St. Francois

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

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

(e) Citizen of foreign country? yes no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN HENRY BLACK

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30th year 1943 hour 10 minute A

4. Sex Male 5. Color or Race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Mar 26 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from By Inquest Aug 30 1943
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death Acute Myocarditis Duration _____

8. AGE: Years Months Days If less than one day

73 5 4 hr. _____ min.

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) gze

10. Usual occupation Mining

Major findings: Of operations _____

11. Industry or business _____

MOTHER FATHER

12. Name James Black

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

14. Maiden name Etchells Beaud

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

Of autopsy _____

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

16. (a) Informant Mrs. H. E. Melson

(b) Address Lanxington, Mo

17. (a) Burial (b) Date thereof 9/1/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macones Burial

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? _____

18. (a) Signature of funeral director Caldwell Bra

(b) Address Flat 2 Riv. Mo.

19. (a) Aug. 31-1943 (b) Byrdie Burkmaster
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury Accident

23. Signature Clarence Daywell _____ (M.D. or other)
Address Conne Tene Mo Date signed 8-30/43

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

74
3
1

1196

RECEIVED

District Health Officer No. 4

District File Number 943-264

Date Filed 9-2-43

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.

..... Registered Apprentice No.....

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, fact should be so stated above.