

No. 2  
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5-17-39  
1 X3287

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32089

State File No. ....

Registrar's No. 228

FILED SEP 25 1943  
Registration District No. 229

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1000 Summer  
(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) (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Caroline Amelia Black

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased June 17, 1866  
(Month) (Day) (Year)

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

77	2	1	hr. min.
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9. Birthplace Guernsey County Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business XX

MOTHER FATHER

12. Name Jacob Kubk Kail

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

14. Maiden name Mary Oldham

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

16. (a) Informant Mrs. W. C. Price

(b) Address 1000 Summer Hannibal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director Wm. M. Smith

(b) Address 902 Broadway Hannibal

19. (a) 8-20-43 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 1000 Summer  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18  
year 1943 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from 1938  
....., 19....., to.....8-18, 19.....43  
that I last saw him alive on.....8-18, 19.....43  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Coronary sclerosis

Due to General arteriosclerosis

Other conditions.....  
(Include pregnancy within 3 months of death) gfa

Major findings:  
Of operations.....

Of autopsy.....

Duration

1 yr

5 yrs

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?

While at work?..... (Specify type of place) (b) Means of injury.....

23. Signature Sproul Reduct (M. D. or other) MD

Address Hannibal Mo. Date signed 8-18-43

1146

**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.....

George T. Bond.....

Registered Apprentice No. ....

350

working under my personal supervision.

Signed.....

*Wm M Smith*

Licensed Embalmer No. ....

1204

P. O. Address. Hannibal Missouri

**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.**