DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

Registration District No. 99

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17885

Primary Registration District No. 4172

Registrar's No. 206

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town Stewartsville Mo
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME ALZADAD BLACK
3. (b) If veteran, name war —
3. (c) Social Security No. 487-14-6694
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife MARY DIANA BLACK
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased JAN (Month) 9 (Day) 1873 (Year)

8. AGE: Years 71 | Months 3 | Days 6 | If less than one day ___ hr. ___ min.

9. Birthplace VANDALIA (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation Labor
11. Industry or business

FATHER
12. Name DANIEL BLACK
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name FRANCIS ELVINA PORTER
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant MRS EMMETT GAUNCE
(b) Address MULBERRY KAN.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR 19 1944 (Month) (Day) (Year)
(c) Place: burial or cremation STEWARTSVILLE CEMETERY
18. (a) Signature of funeral director F G Lyon
(b) Address Stewartsville Mo
19. (a) Apr 18 1944 (Date received local registrar) (b) John Clouse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 13
year 1944 hour 6 minute 50 A.M.
21. I hereby certify that I attended the deceased from Dec 1942 to Apr 15 1944
that I last saw him alive on Apr 15 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	1 year
Due to: Chronic Myocarditis	2 years
Due to: Chronic Nephritis	6 months
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: 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 J M Clayton (M.D. or other) DO
Address Stewartsville Mo. Date signed 4-17-44

1398

(Licensed Embalmer's Statement on Reverse Side)

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

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..... J. G. Lyon.

Licensed Embalmer No. 952

P. O. Address Stewartsville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.