

FILED AUG 11 1944

State File No. \_\_\_\_\_

Registration District No. 374

Primary Registration District No. 6276-4150 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

- (a) County North  
(b) City or town Sheldon, 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) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 25 yrs.  
years, months or days)

3. (a) PRINT FULL NAME William Glen Black

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased March 1876  
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Blackton Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Harvie Black

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 Ray Black

(b) Address Maryville, Mo.

17. (a) Burial (b) Date thereof 7-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon, Mo.

18. (a) Signature of funeral director A. C. Dwyer

(b) Address Frank City, Mo.

19. (a) July 20 - 44 (b) Arlene Scullen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County North  
(c) City or town Sheldon, 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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 16  
year 1944 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from 7-15  
1944, to 7-16 1944;  
that I last saw him alive on 7-15-44  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration of

heart Duration 2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 92 R

Major findings: Of operations ✓

Of autopsy no

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) (e) Means of injury ✓

23. Signature W. H. Dwyer (M. D. or other)

Address Sheldon, Mo. Date signed 7-24-44

---

---

**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 Arch C. Dumble

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.**