

FILED SEP 12 1944

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Edgar Springs Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Spring Creek
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 90 Years 7 Months and 7 days
In this community 90 Years 7 Months and 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rural, Edgar Springs
(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 0

3. (a) PRINT FULL NAME Lacy Caroline 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 Widow

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

7. Birth date of deceased January 3, 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 7 7 hr. min.

9. Birthplace Dent County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name Andrew J. Clift

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

14. Maiden name Sarah Ann Mason,

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

16. (a) Informant Mrs. J. M. Vance,

(b) Address Edgar Springs, Mo.,

17. (a) Burial (b) Date thereof Aug. 13, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Cemetery

18. (a) Signature of funeral director Null & Son Funeral Home

(b) Address 508 West 8th St., Rolla, Mo.,

19. (a) 8/13/1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1944 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from 19..... to 19.....;
that I last saw her dead August 10, 1944 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Senility

Due to
Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: Of operations

Of autopsy

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 3

23. Signature R. S. Null (M. D. or other) Coroner

Address Rolla Mo. Date signed 8/18/44

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

MOTHER FATHER

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 W.W.
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

S. L. Myers

.....
Licensed Embalmer No.

3297

.....
P. O. Address.....

Rolla 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.