

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

35507

BUREAU OF THE CENSUS
 FILED OCT 17 1944

State File No. _____

Registration District No. 381

Primary Registration District No. 43-13-

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Sullivan
 (b) City or town Milan
 (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)

3. (a) PRINT FULL NAME William Sanders 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 Minnie Black 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased Feb 9 1878
 (Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Browning (Rural) Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business General

12. Name Payton Black
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Laura Glidewell
 15. Birthplace Ind.
 (City, town, or county) (State or foreign country)

16. (a) Informant Chloe Black

(b) Address Milan Mo

17. (a) Buried (b) Date thereof Sept 26-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Wood

18. (a) Signature of funeral director Robt. E. Green

(b) Address Milan Mo

19. (a) Oct 5-44 (b) Mrs. L. D. Green
 (Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan
 (c) City or town Milan 105
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
 year 1944 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from 1943, 19 9-24, 19 44
 that I last saw him alive on 9-24, 19 44
 and that death occurred on the date and hour stated above.

Immediate cause of death Seminary Changes
 Duration 1944-1

Due to _____

Due to _____

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

Major findings: Of operations 162 lb

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 _____

23. Signature Ed Simpson (M. D. or other) DO
 Address Milan Date signed Oct 5-44

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 10-44-1752
Date Filed OCT 14 1944

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 Dwight Schaefer

Licensed Embalmer No. 2667

P. O. Address Milan Ill

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.