

FILED FEB 9 1945

Registration District No.

Primary Registration District No.

3023

51

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(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 all life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

EDDIE 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 wid
6. (b) Name of husband or wife Joseph Black 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased Aug 26 1869 (Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 7 If less than one day hr. min.

9. Birthplace Henry Co Mo (City, town or county) (State or foreign country)

10. Usual occupation

11. Industry or business Home work

12. Name Claude E Cheatham

13. Birthplace Don't know (City, town, or county) (State or foreign country)

14. Maiden name Jemima Hurst

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs C E Cheatham

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof Jan 3/45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Conrad

(b) Address Clinton Mo

19. (a) January 4 1945 (Date received local registrar) (Registered's signature) Georgia Hatcher

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton 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 Jan day 5 year 1945 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 2, 1945, to Jan 2, 1945, that I last saw her alive on Jan 2, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 hrs.
Due to Arterio-sclerosis 10 yrs

Due to —
Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations none Of autopsy none 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) none
(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 S. B. Hughes (M. D. or other) M.D.
Address Clinton, Mo Date signed Jan 4/45

1-45-84
2-8-45

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 E Consalus
1891

Licensed Embalmer No.....

P. O. Address.....

Clinton Md

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.