. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33132

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1071

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mon. 11 days (Specify whether years, months or days)
In this community 44 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 104 W. Indiana Ave. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Harry Brooks Black
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen Black
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July 7, 1870 (Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Rumford, England 4 (City, town, or county) (State or foreign country)
10. Usual occupation Retired Sheep Commissioner
11. Industry or business
FATHER
12. Name James Black
13. Birthplace England 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Liza Brooks
15. Birthplace England 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Helen Black
(b) Address 104 W. Indiana Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 6, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Mausoleum
18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.
19. (a) 10-9-1945 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4 year 1945 hour 4 minute a M.
21. I hereby certify that I attended the deceased from 1/15/45, 19__, to 10/8/45, 19__; that I last saw him alive on 10/3/45, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Disease, arteriosclerotic	?
Due to Arteriosclerosis, general	
Due to	
Other conditions Cerebral arteriosclerosis (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?
While at work? (Specify type of place) (e) Means of injury

23. Signature [illegible] (M. D. ~~XXXXX~~)
Address St. Joseph 8, Mo. Date signed 10/6/45

1428 (Licensed Embalmer's Statement on Reverse Side)

NOV 16 1948

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 Earl A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.