

FILED FEB 15 1946

Primary Registration District No. 4547

Registrar's No. 8

1. PLACE OF DEATH:

(a) County North
(b) City or town Grant City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 yrs. years, months or days

3. (a) PRINT FULL NAME OLLIE MAX 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 Widowed

6. (b) Name of husband or wife Joseph M. Black 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1868 (Month) 10 (Day) 18 (Year)

8. AGE: Years 77 Months 4 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles M. Mobley

13. Birthplace Unknown (City, town, or county) M. C. (State or foreign country)

14. Maiden name Matilda R. Lafolke

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

16. (a) Informant Joseph M. Mobley

(b) Address Grant City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-45 (Month) (Day) (Year)

(c) Place: burial or cremation North Central

18. (a) Signature of funeral director John C. Dingle

(b) Address Grant City, Mo.

19. (a) Jan 7-45 (Date received local registrar) (b) Edna E. Dawson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County North
(c) City or town Grant City (If outside city or town limits, write "RURAL")
(d) Street No. Mo. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 18 year 45 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 10 to Dec 18 that I last saw her alive on Dec 18 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral aneurysm Duration 2 hrs.
below multiplicity of heart 2 yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death): ✓

Major findings: Of operations ✓

Of autopsy no 50

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) (c) Means of injury ✓

23. Signature R. R. Rusk (M. D. or other)

Address Grant City, Mo. Date signed 12/18/45

JAN 22 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

MAY 7 1947

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. Dunfee

Licensed Embalmer No. 3252

P. O. Address

Front 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.