S. No. 2
1—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30103

Registration District No. 138 Primary Registration District No. 4220 Registrar's No. 51

1. PLACE OF DEATH:
(a) County Hickory
(b) City or town Wheatland
(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 years, months or days)
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Hickory
(c) City or town Wheatland
(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

3. (a) PRINT FULL NAME Charles T. Black
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race w
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ettie Black
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased 7 (Month) 25 (Day) 1872 (Year)
8. AGE: Years 74 Months 1 Days 6 If less than one day hr. min.
9. Birthplace Benton Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired
11. Industry or business
MOTHER FATHER
12. Name Abe Black
13. Birthplace Tenn (City, town, or county) (State or foreign country)
14. Maiden name Sarah Hyley
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Ettie Black
(b) Address Wheatland, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Robinson Cemetery
18. (a) Signature of funeral director Gilbert Hathaway
(b) Address Wheatland Mo
19. (a) Sept 20-46 (Date received local registrar) H. O. P. Hargiss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 1946 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from July 1, 1946, to Sept 1, 1946, that I last saw him alive on Sept 1, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	2 days
Due to Carcinoma of the lungs	3 weeks
Due to Carcinoma (primary) of prostate	8 mo.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 51B

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. A. Bailey (M. D. or other) M.D.
Address Wheatland Mo Date signed Sept 1 46

121 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-46-1002
Date Filed 10-5-46

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 William C. Mendenhall, Registered Apprentice No. 396, working under my personal supervision.

Signed Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.