

3. No. 2
-12-45
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31235**

PI X47070

FILLED SEP 25 1946

Primary Registration District No. **3060**

Registrar's No. **289**

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

1. PLACE OF DEATH:

(a) County **St. Francois**

(b) City or town **Farmington**
(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 **nine years**
years, months or days

3. (a) PRINT FULL NAME **Katie Belle Black**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **f** 3 5. Color or race **c**

6. (a) Single, widowed, married, divorced **W** 2

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

7. Birth date of deceased **Nov 12 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 **10** **1** hr. min.

9. Birthplace **Fayette Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **Elijah Boone**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Harriet Burch**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **John H. Boone**

(b) Address **Farmington, Mo.**

17. (a) **0** (b) Date thereof **9-17-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Farmington A. Masonic**

18. (a) Signature of funeral director **C. H. Cozian**

(b) Address **Farmington, Missouri**

19. (a) **9-17-46** (b) **Esther Rudloff**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois** 94

(c) City or town **Farmington** 4
(If outside city or town limits, write "RURAL")

(d) Street No. **206 Second Str.** 1
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **13**
year **1946** hour **5** minute **00** a.m.

21. I hereby certify that I attended the deceased from **9/13/46**
19____, to **9/13/46** 19____;
that I last saw her alive on **9/13/46** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **hydrostatic pneumonia** 2 days

Due to **Senility**

Due to _____

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

Major findings: Of operations **III**

Of autopsy _____

Duration

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 **Pete Requierre** (M. D. or other) 20-
Address **Farmington, Mo.** Date signed **9-17-46**

289

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 946-265
Date Filed 9-24-46

OCT 9 1946

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..... *W. Cozear*
Licensed Embalmer No. 408f
P. O. Address..... *Farmington, Vt.*

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.