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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 193

FILED FEB 5 1947

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 123

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3040 Edmond St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 3040 Edmond St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John Black Sr.

3. (b) If veteran, name war No

3. (c) Social Security No. 496-07-8858

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Oct. (Month) 4 (Day) 1868 (Year)

8. AGE: Years 78 Months 3 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Mt. Vernon (City, town, or county) Ind. (State or foreign country)

10. Usual occupation Retired From Stock Yards Co.

11. Industry or business _____

FATHER
12. Name John Black
13. Birthplace Unkown (City, town, or county) _____ (State or foreign country)

MOTHER
14. Maiden name Unkown
15. Birthplace Unkown (City, town, or county) _____ (State or foreign country)

16. (a) Informant Clara Black
(b) Address 3040 Edmond St. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/47 (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem.

18. (a) Signature of funeral director Clark Montgomery
(b) Address 5025 King Hill Ave. St Joseph Mo

19. (a) 1-30-47 (Date received local registrar) (b) H. B. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8 year 1947 hour 7 minute 55 a M.

21. I hereby certify that I attended the deceased from Feb. 1 to Jan. 8 19 47.
that I last saw him alive on Jan. 2 19 47.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion / hr.

Due to Chronic myocarditis 5 yr.

Due to Senility 5 yrs.

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

Major findings:
Of operations _____
Of autopsy No

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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Wm. Jacobs M.D. (M. D. or other)
Address Kirkpatrick Bldg. Date signed 1-10-47

382 (Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo

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

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.