

**FILED** AUG 12 1947

Registration District No. **47**

Primary Registration District No. **3008**

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

1. PLACE OF DEATH: **Callaway**  
 (a) County **Fulton**  
 (b) City or town **Fulton**  
 (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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **Donna Jean Black**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **Female** 5. Race or color **Negro** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Aug 4 1947**  
 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day **11 hr. 77 min.**

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

10. Usual occupation **None**

11. Industry of business \_\_\_\_\_

12. Name of father **James Henry Black**

13. Birthplace of father **Fulton Missouri**

14. Maiden name of mother **Mary Belle Robnett**

15. Birthplace of mother **Mexico Missouri**

16. (a) Informant **Jack Black**  
 (b) Address **314 N.W. 8th Fulton, Mo.**

17. (a) **Burial** (b) Date thereof **Aug 5-47**  
 (City or town) (County) (State) (Month) (Year)  
 (c) Place of burial or cremation **South Side Cem. Fulton Mo.**

18. (a) Signature of funeral director **Eli Bell**  
 (b) Address **Fulton Mo.**  
 19. (a) **Aug 5-1947** (b) **Josel Moravickoff**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Callaway**  
 (c) City or town **Fulton**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **314 N.W. 8th**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **5** year **1947** hour **10 AM** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Aug 4 1947** to **Aug 5 1947**  
 that I last saw her alive on **Aug 5 1947**  
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Asphyxia, atelectasis, pneumonia**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **161A**

Of autopsy \_\_\_\_\_

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 **Geo. Wood** (M. D. or other) \_\_\_\_\_  
 Address **Fulton** Date signed **8/5/47**

Duration **Hrs.**  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 8-11-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed <sup>not</sup> ~~by me or by~~.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Eli Bell.....

Licensed Embalmer No. 2130.....

P. O. Address Fulton, 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.