

FILED JUNE 29 1947

Registration District No. 22

Primary Registration District No. 5235

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural Benton Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME
(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 ORVILLE BLACK

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-28-8391

4. Sex M 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. VERA BLACK 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 3 1914
(Month) (Day) (Year)

8. AGE: Years 33 Months 1 Days 25 If less than one day
hr. _____ min. _____

9. Birthplace RICH HILL MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name GRANT BLACK
13. Birthplace MO.
(City, town, or county) (State or foreign country)
14. Maiden name NETTIE JACKSON
15. Birthplace MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Vert Black
(b) Address Monteville, Mo. R1
17. (a) BURIAL (b) Date thereof 7-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sandridge Cem.
18. (a) Signature of funeral director Wm. H. Parson
(b) Address El Dorado Springs, Mo.
19. (a) 8-2-47 (b) Mrs. Velma Ellis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEGAR
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. BENTON TOWNSHIP
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1947 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Heat Stroke
Due to prostration from excessive heat
Due to _____

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

Major findings:
Of operations 191
Of autopsy 19
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)
(c) Means of injury 3
23. Signature J. D. Givins, Coroner
Address El Dorado Springs, Mo. Date signed 7-30-47

RECEIVED
District Health Officer No. 7
District File Number 7-44-584
Date filed 8-18-47

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.....

Floyd E. Carathus
4419

Licensed Embalmer No.....

P. O. Address.....

Edw. S. Spgs...

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.