

No. 2
-1/47
5-17-39

National Office of Vital Statistics
FILED NOV 25 1947

Registration District No. **757**

Primary Registration District No. **5503**

1. PLACE OF DEATH:

(a) County **Henry**

(b) City or town **Rural Bethlehem Twp**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **S M C of Clinton**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 mo**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry 42**

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

(d) Street No. **5 Mi C of Clinton**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **(1)**

3. (a) PRINT FULL NAME **JULIA ANN BLACK**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

4. Sex **F**

5. Color or race **W**

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

6. (b) Name of husband **Charles W Black**

6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **5 5 1882**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	6	11	hr. min.

9. Birthplace **Santa Rosa Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Drexler Bros**

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

14. Maiden name **Elizabeth Coulter**

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

16. (a) Informant **Charles W Black**

(b) Address **Clinton Mo**

17. (a) **Rural** (b) Date thereof **11-18-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pattonburg cem**

18. (a) Signature of funeral director **Richard A Dunning**

(b) Address **Clinton Mo**

19. (a) **11-16-47** (b) **R. R. Kennedy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **16**
year **1947** hour **6** minute **00 A.M.**

21. I hereby certify that I attended the deceased from **Sept**, 1947, to **Nov. 16**, 1947;
that I last saw her alive on **Nov. 13**, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Colon**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **None**

PHYSICIAN

Major findings: **Carcinoma of ascending colon**

Of operations **None**

Of autopsy **None**

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **No**

(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 **No**

23. Signature **S. P. Myler** (M. D. or other) **MSD**

Address **Clinton Mo** Date signed **11/16/47**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 10-42-1336
Date Filed 11-24-47

NOV 26 1947

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

J. R. Housey

Licensed Embalmer No.

3682

P. O. Address

Calhoun, 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.