

FILED DEC 8 1947
Registration District No. 787

Primary Registration District No. 3040

Registrar's No. 154

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
818 1/2 Webster
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community 3 years
years, months or days)

3. (a) PRINT FULL NAME John Anderson Black

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-10-4136

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruby Lee Brock 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased August 12 1893
(Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 11 If less than one day
hr. _____ min. _____

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

10. Usual occupation Mechanic

MOTHER FATHER { 11. Industry or business _____

12. Name William Leeper Black
13. Birthplace Chillicothe Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lena Abshire
15. Birthplace Chillicothe Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John A. Black
(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 11-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) Nov-24-47 (b) Frances B Nail
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 818 1/2 Webster
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 23rd
year 1947 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sgt.
1947, to Nov 23, 1947;
that I last saw him alive on Nov 23, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart failure
Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____
Of autopsy _____
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 _____

23. Signature Joseph F. Dale (M. D. or other) MD
Address Chillicothe Mo Date signed Nov 24 1947

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

MAR 5 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *Elton P. Rowan*

Licensed Embalmer No. 4036

P. O. Address. Chillicothe, 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.