

5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42367**
Registrar's No. **92**

FILED DEC 22 1947
Registration District No. **210**

Primary Registration District No. **5773**

1. PLACE OF DEATH:

(a) County **Mercer**
(b) City or town **Morgan Tp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Albert Sidney Black**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Male** Color **White**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **May 18, 1870**
(Month) (Day) (Year)

8. AGE: Years **77** Months **6** Days **14**
If less than one day hr. min.

9. Birthplace **Mercer County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Real Estate Agent**

11. Industry or business

MOTHER FATHER { 12. Name **Willis Black**
13. Birthplace **Mercer County Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Hannah Cox**
15. Birthplace **Ken. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Virgil Ragan**
(b) Address **Mercer, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 4, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Early Cemetery Mercer, Mo.**

18. (a) Signature of funeral director **O. O. Shurtle**
(b) Address **Lincolville, Iowa**

19. (a) **12-6-47** (b) **M. J. Ruth**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Mercer**
(c) City or town **Mercer**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **Tuesday**
year **1947** hour **9** minute **10** A.M.

21. I hereby certify that I attended the deceased from **Nov. 24th '47**
19 **Dec. 2nd** 19 **47**
that I last saw him alive on **Dec 2nd.** 19 **47**
and that death occurred on the date and hour stated above.
Immediate cause of death **Coronary Occlusion** **4 days**

Due to **Cardio-vascular-renal disease.**
with special reference to the degree
Due to **of Cardiac irregularity, chronic**

Other conditions
(Include pregnancy within 3 months of death)

Major findings: **None**
Of operations

Of autopsy **None**

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) (e) Means of injury

23. Signature **A. J. Bristol** (M. D. or other)
Address **Uniontown, Mo.** Date signed **12/5/47**

NOV 19 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, on by _____
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

James L. Chandler

Licensed Embalmer No.

3967

P. O. Address

Linnville, Iowa

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.