

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County WAYNE
(b) City or town RURAL
(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 _____ (Specify whether years, months or days) 57 YEARS
In this community _____

3. (a) PRINT FULL NAME ESSIE PEARL BLACK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CLARENCE BLACK 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased NOV. 9 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 1 12 hr. min.

9. Birthplace WAYNE CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name JOHN ROBINSON

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

14. Maiden name NANCY SUTTON

15. Birthplace WAYNE CO MO
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Black

(b) Address R. 2, Williamsville Mo

17. (a) BURIAL (b) Date thereof Dec 23 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. ZION CEMETERY

18. (a) Signature of funeral director: N. J. Phelps

(b) Address Poplar Bluff Mo

19. (a) Jan 2, 1948 (b) Blanche Marshall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County WAYNE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 17th No. Poplar Bluff
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1947 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 1947 to 21 Dec 1947
that I last saw him alive on 28 Nov 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 day
Due to arteriosclerosis 7

Due to _____

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

Major findings: Of operations _____

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) (c) Means of injury _____

23. Signature Blanche Marshall (Date signed) Jan 2, 1948

Address Poplar Bluff Mo

RECEIVED

District Health Officer No. 4

District File Number 148-43

Date Filed 1-12-48

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.....

Licensed Embalmer No. 3231

P.O. Address.....

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.