FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13785

Registration District No. 316 — Primary Registration District No. 4461 — Registrar's No. 113

1. PLACE OF DEATH:

(a) County: St. Francois
(b) City or town: Bismarck (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
In this community: 18 months (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Francois 94
(c) City or town: Bismarck (If outside city or town limits, write "RURAL") 1
(d) Street No.: ..... (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: David Black
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: single 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: September (Month) 20th. (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
63	6	18	..... hr. ..... min.

9. Birthplace: Reynolds Co. (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: retired
11. Industry or business .....

FATHER
12. Name: Joseph Black
13. Birthplace: Reynolds Co. (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name: Sarah Jane Smith
15. Birthplace: Reynolds Co. (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Mrs. Ada Brooks
(b) Address: Bismarck Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 4-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Black Missouri
18. (a) Signature of funeral director: White Funeral Home
(b) Address: A. J. White Ironton Missouri
19. (a) 4-12-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) 229

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1948 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from Apr. 5 1948 to Apr. 8 1948 that I last saw him alive on Apr 6 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Apoplexy	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

838

PHYSICIAN — 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) .....
(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 0

23. Signature: F. N. Gale (M. D. or other)
Address: Bismarck, Mo. Date signed: Apr 9-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

ct File Number 448-52

Filed 4-19-4

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 Ruel J. White

Licensed Embalmer No. 3012

P. O. Address Trenton 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.