

FILED JUL 9 1948

State File No. _____

Registration District No. _____

Primary Registration District No. 4497

Registrar's No. 60

1. PLACE OF DEATH:

(a) County **Shelby county**
(b) City or town **Clarence, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether
In this community **Entire life**
years, months or days)

3. (a) PRINT
FULL NAME**Louisa Black**

3. (b) If veteran,

name war **X**

3. (c) Social Security

No. **X**

4. Sex **Female** 5. Color or **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Deceased** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased: **February 18th 1858**
(Month) (Day) (Year)

8. AGE: Years **90** Months **3** Days **22**
If less than one day
hr. _____ min. _____

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **House wife**
H H

11. Industry or business _____

MOTHER FATHER { 12. Name **Not known** 7
13. Birthplace **Not known** 7
(City, town, or county) (State or foreign country)
14. Maiden name **Not known** 9
15. Birthplace **Not known** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bessie Gray**(b) Address **Clarence, Mo.**17. (a) **Burial** (b) Date thereof **6-15-1948**
(Burial, cremation, etc.) (Month) (Day) (Year)(c) Place: burial **Maplewood, Clarence, Mo.**18. (a) Signature of funeral director **Million & Barkelaw**(b) Address **Clarence, Mo.**19. (a) **July 2-48** (b) **Ruth Deane**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shelby** 102
(c) City or town **Clarence** 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **13th**
year **1948** hour **2** minute **5 A.** M.

21. I hereby certify that I attended the deceased from **June 12 1948** to **June 13 1948**
that I last saw her alive on **June 13 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach** **unknown**Due to **Pulmonary Congestion** **1 day**

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **H & B**
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? **Mo.**

While at work? _____ (Specify type of place) (c) Means of injury **2**

23. Signature **B. L. Edgington** (M. D. or other) **Da**
Address **Clarence, Mo.** Date signed **5/6/48**

RECEIVED

District Health Officer No. W

District File Number 7-48-1

Date Filed JUL 7 - 1948

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. 3498

P. O. Address Shilbina T.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.