

1. PLACE OF DEATH:

(a) County Scott
 (b) City or town Moxley
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ all of life
 years, months or days)

3. (a) PRINT FULL NAME CHESTER GAVIN BLACK3. (b) If veteran, name war WWI 3. (c) Social Security No. _____4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 14 1893
(Month) (Day) (Year)8. AGE: Years 54 Months 10 Days 13 If less than one day hr. min.9. Birthplace Moxley Mo
(City, town, or county) (State or foreign country)10. Usual occupation Farmer & Land Owner

11. Industry or business _____

12. Name William Black13. Birthplace Ill
(City, town, or county) (State or foreign country)14. Maiden name Edie Dumas15. Birthplace Mo
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Elmer Montgomery(b) Address Sikeston, Mo17. (a) Burial (b) Date thereof 6-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Moxley Mo18. (a) Signature of funeral director Wiley Funeral Home(b) Address Sikeston Mo19. (a) 7-16-48 (b) Mrs D. F. Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
 (c) City or town Moxley
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1948 hour 7 minute 00 A. M.21. I hereby certify that I attended the deceased from 1-20-48
_____, 19____, to 6-28, 1948.that I last saw him alive on 6-28, 1948,
and that death occurred on the date and hour stated above.Immediate cause of death Crown
Coronary Arterial
Disease 24yo

Due to _____

Due to Vascular Hypertension 24yoOther conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Thomas E. M. Elue (M. D. or other) MD
Address Sikeston, Mo. Date signed 7-14-48

RECEIVED

District Health Office No.

District File Number 248-

Date Filed 2-19-8

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 Raymond Lewis
Licensed Embalmer No. 3467
P. O. Address Sikeston Mo

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.