

No. 2  
-8-43  
17-39  
X37823

FILED DEC 9 1948

Registration District No. **14**

Primary Registration District No. **4028**

Registrar's No. **32**

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

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Liberal  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 70 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Liberal  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Newton Black

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14  
year 1948 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from November 7  
1948 to November 13, 1948;

that I last saw him alive on November 11, 1948;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Sophia Black (Dec.) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 25 1859  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Embolism in Rt. Subclavian artery with gangrene, Rt. forearm 3 das.

Due to Arteria-sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

88 10 19 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Warren Ind.  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 430

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer (retired)

11. Industry or business Farm

12. Name Israel Black

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

14. Maiden name Nannah

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

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 Sam T. Pichel (M. D. or other) nd  
Address Lawson, Mo. Date signed Nov 15 1948

16. (a) Informant Ray Black

(b) Address Liberal Mo.

17. (a) burial (b) Date thereof Nov. 15, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Liberal Mo.

18. (a) Signature of funeral director J. M. Berkeley

(b) Address Mulberry Kansas

19. (a) Nov 27 48 (b) Helen A. Beyle  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 6,

District File Number 1248-1354

Date Filed 12-8-48

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.....

*J. M. Berkeley*

Licensed Embalmer No. 2336

P. O. Address Mulberry, Kan

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.