FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 237

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 368 South Lafayette
(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 his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 368 South Lafayette
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis Campbell Black
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marian Staples Black
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased November (Month) 7 (Day) -- 1886 (Year)

8. AGE:	Years	Months	Days	If less than one day
~~62~~	62	0	2	hr. min.

9. Birthplace Boseman (City, town, or county) Montana (State or foreign country)
10. Usual occupation Retired farmer and Carpenter
11. Industry or business
FATHER
12. Name Cyrus Black
13. Birthplace unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Anna Campbell
15. Birthplace unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs. Marian S. Black
(b) Address 368 S Lafayette Marshall, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cemetery
18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall, Mo.
19. (a) Nov 13-1948 (Date received local registrar) (b) Sidney T Gray (Registrar's signature) 38

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9th, year 1948 hour 9 minute 10 p.M.
21. I hereby certify that I attended the deceased from Feby. 13, 1948, to Nov. 9, 1948 that I last saw him alive on Nov. 9, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Sigmoid --
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Carcinoma Sigmoid with obstruction and metastis in mesentasic glands
Of autopsy

Duration

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
23. Signature [signature] (M. D. or other)
Address Marshall, Mo. Date signed 11-14-48

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

JAN 17 1949

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 R. W. Campbell Jr.

Licensed Embalmer No. 3467

P. O. Address Marshall 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.