

RECD SEP 23 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29016  
Do not use this space.

1. PLACE OF DEATH *Henry*  
 (a) County *Henry* Registration District No. *347*  
 (b) Township *Bethelton* Primary Registration District No. *5489 A* Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME *Joseph Black* *420*  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF *Eta Black*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 22 1869*  
 7. AGE YEARS *69* MONTHS *1* DAYS *11* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *farmer*  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mount Pleasant Iowa*  
 FATHER 13. NAME *John Black*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dont know*  
 MOTHER 15. MAIDEN NAME *Rebecca Traxler*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dont know*  
 17. INFORMANT (ADDRESS) *Eta Black Clinton Mo RR*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Englewood* DATE *9/5 38*  
 19. FUNERAL DIRECTOR (ADDRESS) *Consolus + Beck Clinton Mo*  
 20. FILED *9-12 1938* *D. B. Hampton* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 3* 19 *38*  
 22. I HEREBY CERTIFY, That I attended deceased from *Sept 3* 19 *38*  
 I last saw him *alive on Sept 3* 19 *38* Death is said to have occurred on the date stated above, at *4 P.* m.  
 The principal cause of death and related causes of importance were as follows:  
*Death due to natural causes, apparently coronary declension* Date of onset *Sept 3/38*  
 Other contributory causes of importance: *none*  
 Name of operation *none* Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *no*  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? *no* Date of injury \_\_\_\_\_, 19 \_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? *no*  
 If so, specify \_\_\_\_\_ (Signed) *S. B. Hughes* M. D.  
 (Address) *Corner Henry Co, Clinton*

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

30 (Rev. 7-23-37) I X12004

RECEIVED  
District Health Officer No. 7  
District File Number 7-28-72  
Date Filed 9-14-72

STATEMENT BY LICENSED EMBALMER

I, Merrill Dale Snow, Licensed Embalmer No. 4034

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed Merrill Dale Snow

Licensed Embalmer No. 4034

**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.)**