REG'D JAN 13 1939

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

43248
Do not use this space.

1. PLACE OF DEATH
(a) County HOLT
(b) Township FORBES
(c) City ~~OREGON~~
Registration District No. 374
Primary Registration District No. 5521
Registered No. 5
(d) Street No. ..... St.
(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.
4 20

2. PRINT FULL NAME MRS LAURA BELLE BLACK
(a) Residence, No. FARM St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOW

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF JAMES BLACK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-23-1866

7. AGE: YEARS 72 | MONTHS 6 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
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) CRAIG
(STATE OR COUNTRY) MO

FATHER
13. NAME JACK SCOTT
14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME JANE ASHER
16. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) UNKNOWN

17. INFORMANT JENNIE BROWN
(ADDRESS) OREGON MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE HIGHLAND DATE 11-25- 1938

19. FUNERAL DIRECTOR J. FRED TERHUNE
(ADDRESS) SAVANNAH MO

20. FILED Dec 10 1938 Clarence I. Harper
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1938, to Nov. 21, 1938
I last saw her alive on Nov. 21, 1938. Death is said to have occurred on the date stated above, at 5:30 A.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 11-17-38

Other contributory causes of importance:
Hypertension

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... 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?
If so, specify

(Signed) Nellie D. Turney, M. D.
335 (Address) Oregon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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

MARGIN RESERVED FOR BINDING

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, J. Fred Terhune, Licensed Embalmer No. 1279

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

L. E.

No. or by Registered Apprentice No. 1279

working under my personal supervision.

Signed J. Fred Terhune

Licensed Embalmer No.

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.)