

RECD MAR 9 1939

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

5701  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Law Primary Registration District No. 1002 Registered No. 900  
(c) City or Kansas City (d) Street No. 1731 Pennsylvania Ave. St. Mo.  
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

423 Mrs. Tharnie Frances Black  
(a) Residence, No. 1731 Penn. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unk.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1939, to Feb. 28, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1874

I last saw her alive on Feb. 27, 1939. Death is said to have occurred on the date stated above, at 6 A. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 9 19

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. at home 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

Double Lobar Pneumonia Date of onset 2/29/39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

Other contributory causes of importance: Influenza 2/20/39

FATHER 13. NAME Warren Black

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Unkensen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkensen

17. INFORMANT (NAME) (ADDRESS) Mr. Wm O. Black 1731 Penn.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carterville MO DATE MAR 2 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Newcomer's Sons B. Buckner & Paces.

20. FILED 28 1939 M. M. Brown Local Registrar.

Name of operation none Date of 1/10

What test confirmed diagnosis Wetzel stain Was there an autopsy? no.

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? no.

If so, specify

(Signed) W. H. Sibley, M. D.

(Address) 1303 W. 13th St. St. Louis, Mo.

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

11 - 530  
H. Williams  
12/11/1950

**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..... *Nell Carr*

Licensed Embalmer No..... *3976*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**