

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILLED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34317

State File No. \_\_\_\_\_

Registration District No. 84

Primary Registration District No. 84

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Rushville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Rushville  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. # 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29  
year 1941 hour 4:45 minutes A. M.  
21. I hereby certify that I attended the deceased from Oct 1 = 1941  
to Sept 1 = 1941  
that I last saw him alive on Sept 1 = 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration \_\_\_\_\_

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

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

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) Means of injury \_\_\_\_\_

23. Signature A. Sharp (M. D. or other) \_\_\_\_\_  
Address Rushville, Miss. Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Cleveland Black

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Penelope Black 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased November 19 1848  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>10</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Rushville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name James Black

13. Birthplace Madison Co. Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Sally Martin

15. Birthplace Madison Co. Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant David Black

(b) Address Rushville, Missouri

17. (a) Burial (b) Date thereof Oct. 1, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek

18. (a) Signature of funeral director Brill-Dyer

(b) Address Weston Missouri

19. (a) 10-1-41 (b) L. F. Singery  
(Date received local registrar) (Registrar's signature)

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

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**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.....  
Licensed Embalmer No. *832*  
P. O. Address *Weston 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.**