

**FILED MAY 15 1944**

Registration District No. \_\_\_\_\_

Primary Registration District No. **5039**

Registrar's No. **56**

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Mexico Rural Salt River  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
H. F. D. #6  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 15 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
(c) City or town Mexico Rural  
(d) Street No. #6  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hugh Franklin Black

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Mary Black 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 7, 1980  
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wentzville, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Self Employed

MOTHER FATHER { 12. Name George Black  
13. Birthplace DK (City, town, or county) (State or foreign country)  
14. Maiden name Lizzie Edwards  
15. Birthplace DK (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Black

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 4/20/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood  
18. (a) Signature of funeral director Clara Anderson

(b) Address Mexico, Mo.

19. (a) 4/18/44 (b) Margaret H. Mache  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18  
year 1944 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer, Coronary  
& found the deceased came to his death by natural  
Due to Cancer, coronary  
thrombosis  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature Ey. Burton Corouez (M. D. or other) \_\_\_\_\_  
Address Mexico, Mo. Date signed 4/18/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 5-44-980

Date Filed MAY 12 1944

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

*Clara Arnold*

Licensed Embalmer No. 3569

P. O. Address Misses, N.Y.

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.