

FILED MAY 13 1944

State File No.

Registration District No.

Primary Registration District No. 5326

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Crawford  
(b) City or town Rural, Mernace  
(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.  
In this community 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford  
(c) City or town Rural  
(d) Street No.  
(e) Citizen of foreign country? American (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

James Black.

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

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife Mary Alice Black 6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased July - 23 - 1860 (Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 8 If less than one day hr. min.

9. Birthplace West Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name  
13. Birthplace 9 (City, town, or county) (State or foreign country)  
14. Maiden name  
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mary Alice Black (b) Address Steelville Mo

17. (a) (b) Date thereof 9-2-1944 (c) Place: burial or cremation Steelville Cemetery

18. (a) Signature of funeral director L. J. Jones (b) Address Steelville Mo

19. (a) 4/15/44 (b) C. H. Sheweeder (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 - day 31<sup>th</sup> year 1944 hour 4 minute A.M.  
21. I hereby certify that I attended the deceased from July 1943 to March 31 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy (Natural) Coronary artery disease of heart

Due to  
Due to  
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 92d  
Of autopsy

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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?  
(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 R. L. Parker (M. D. or other) Address Steelville Mo Date signed 4-15-44

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

RECORDS

RECEIVED

District Health Officer No. 5,

District File Number 544287

Date Filed 5-10-44

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 (Embalmer)

Henry M. Jones, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Henry M. Jones

L.P. - 2 - 55 Licensed Embalmer No. 2624

P. O. Address Steepville, 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.