S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED JUL 16 1945 STANDARD CERTIFICATE OF DEATH

24701

State File No.

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

(b) City or town LOUISIANA (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 204 N. 7th (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pike 82

(c) City or town LOUISIANA (If outside city or town limits, write "RURAL") 2

(d) Street No. 204 N. 7th (If rural, give location) 1

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Rachel Emma Black

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female 1

5. Color or race White

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife James Elliott

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 16 (Day) 1863 (Year)

8. AGE: Years 82 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Rockport Ill. (City, town, or county) (State or foreign country) 1

10. Usual occupation Hawfer

11. Industry or business

FATHER
12. Name Jesse Jones
13. Birthplace (?) (City, town, or county) (?) (State or foreign country) 9

MOTHER
14. Maiden name Rachel Mays
15. Birthplace (?) (City, town, or county) (?) (State or foreign country) 9

16. (a) Informant Mrs Oscar Steinley

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26/45 (Month) (Day) (Year)

(c) Place: burial or cremation Prairie Mound Cem. Pike Co. Ill.

18. (a) Signature of funeral director F. Haley

(b) Address Louisiana, Mo.

19. (a) 6/25/45 (Date received local registrar) (b) F. Haley (Registrar's signature) Deputy

1169

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1945 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 29, 1944 to June 24, 1945 that I last saw her alive on " 24, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio Vascular Hypertensive	
Due to disease	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 1/2

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) DO

Address Louisiana Date signed June 25 45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-45-1046
Date Filed JUL 12 1945

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 George O. Wagner, Registered Apprentice No. ....., working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.