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M-8-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39449

FILED DEC 9 1946
Registration District No. 371

Primary Registration District No. 45741

Registrar's No. 20

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

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME KARMA H. BLACK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20 year 1946 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb 1946 to Nov 20 1946 that I last saw him alive on November 20, 1946 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Edith 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 12, 1892
(Month) (Day) (Year)

Immediate cause of death Carcinoma of lungs

Due to Carcinoma of Rectum

8. AGE:	Years <u>54</u>	Months <u>1</u>	Days <u>8</u>	If less than one day hr. _____ min. _____
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Due to _____

Other conditions None
(Include pregnancy within 5 months of death)

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

10. Usual occupation Mail Carrier

Major findings: Of operations No Carcinoma of Rectum

Of autopsy No Autopsy

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

11. Industry or business _____

12. Name S.D. Black

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Addie A. Brown

15. Birthplace _____
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Gusta Smith

(b) Address Fardland, Mo.

17. (a) Burial (b) Date thereof Nov. 24 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Fardland, Mo.

(Specify type of place) _____

While at work? _____ (f) Means of injury _____

23. Signature A.R. Schultz (M. D. or other) MD

Address Fardland, Mo. Date signed 12/2/46

18. (a) Signature of funeral director Kelley Ferrall

(b) Address Bergman, Fardland Mo.

19. (a) 12-3-46 (b) Esther L. Good
(Date received local registrar) (Registrar's signature)

APR 22 1947

DEC 19 1946

DEC 9 1946

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 K. K. Kelley
Licensed Embalmer No. 3334
P. O. Address Farmland 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.