

S. No. 2  
 OM-5-43  
 v. 5-17-39  
 I X36671

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED JUL 8 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **20053**

Registration District No. 7 Primary Registration District No. 4020 Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County Andrew  
 (b) City or town Martinsburg  
(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 15 years (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Maurice Milton Black  
**3. (b) If veteran,**  name war \_\_\_\_\_  
**3. (c) Social Security No.** 497-01-8260

**4. Sex** M **5. Color** Black **6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Agel Black **6. (c) Age of husband or wife if alive** 35 years  
**7. Birth date of deceased** Nov - 2 - 1901  
(Month) (Day) (Year)

**8. AGE:** Years 45 Months 7 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

**10. Usual occupation** General Labor

**11. Industry or business** Contractor H.K.

**12. Name** Leyin Black

**13. Birthplace** Kalle Mo  
(City, town, or county) (State or foreign country)

**14. Maiden name** Wanda Rockafsky

**15. Birthplace** Martinsburg Mo  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Agel Black  
**(b) Address** Martinsburg Mo

**17. (a) Burial** Burial **(b) Date of death** June 28 - 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Martinsburg Mo  
**18. (a) Signature of funeral director** M.B. Kelle  
**(b) Address** Kellerville Mo

**19. (a) Date received local registrar** June 30 1947 **(b) Registrar's signature** Mrs. Joe Carter  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Andrew  
 (c) City or town Martinsburg Mo  
(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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month JUNE day 28 year 1947 hour 07 minute 30 A.M.  
**21. I hereby certify that I attended the deceased from** JAN 25 1947 to JUNE 28 1947  
 that I last saw h.i.m. alive on JUNE 15 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDIAL INFARCT. Duration \_\_\_\_\_

Due to Myocardial degeneration Causes Coronary

Due to hypertension 20 yrs

Other conditions 30g  
(Include pregnancy within 3 months of death)

Major findings: 30g  
Of operations

Of autopsy \_\_\_\_\_  
**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?** \_\_\_\_\_

**23. Signature** M.D. Kelle (D. or other)  
 Address Martinsburg Mo Date signed 6/28/47

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

4  
0  
0

RECEIVED  
District Health Officer No. 10  
District File Number 2-47-817  
Date Filed JUL - 2 1947

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 Def.

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed F. B. Wells,

Licensed Embalmer No. 1588

P. O. Address Wellerille 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.**