

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 145

1. PLACE OF DEATH:

(a) County Saline
 (b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
635 North Odell /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community All His Life
years, months or days)

3. (a) PRINT FULL NAME James R. Black

3. (b) If veteran, name war # _____
 3. (c) Social Security No. 94-14-9849

4. Sex Male / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Edna Laura Black
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased Sept. 15 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 9 22 _____ hr. _____ min.

9. Birthplace Laural Co. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Baker

11. Industry or business !!!

MOTHER FATHER { 12. Name Hiram Black

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

14. Maiden name Susan Asher

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

16. (a) Informant Eugene Black

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 7/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director A. L. ...

(b) Address ...

19. (a) July 8 1947
(Date received local registrar)

...
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
 (c) City or town Marshall
(If outside city or town limits, write "RURAL")
 (d) Street No. 635 North Odell 2
(If rural, give location)
 (e) Citizen of foreign country? No. 0
(Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
 year 1947 hour 8:15 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 7, 1947, to July 7, 1947,
 that I last saw him alive on July 7, 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 1 hr
Coronary
sclerosis
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____
 Of autopsy 94A
 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 W. R. ... (M. D. or N. D.)
 Address Marshall, Mo. Date signed 7/9/47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-44-47

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 J. Leslie Sweeney

Licensed Embalmer No. 32350

P. O. Address Marshall

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.