

No. 300
M-10-47
v. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19040**
Registrar's No. **54**

Registration District No. **78**

Primary Registration District No. **4165**

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

1. PLACE OF DEATH:
(a) County **Daviess**
(b) City or town **Gallatin**
(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 _____ (Specify whether)
In this community **Most of Life**
years, months or days

3: (a) PRINT FULL NAME **Robert Jewell Black**
(b) If veteran, name war **None**
(c) Social Security No. **495-01-6448**

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **Elizabeth Tibbs**
6. (c) Age of husband or wife if alive **--** years
7. Birth date of deceased **May SEPT. 20 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 .8 9 hr. min.

9. Birthplace **Daviess County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Civil Service**

12. Name **William Jewell Black**

13. Birthplace **DeKalb County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Ebeline Henderson**

15. Birthplace **Daviess County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sid Hangle**

(b) Address **Pattonsburg, Mo.**

17. (a) **Burial** (b) Date thereof **5-23-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Civil Bend Mo.**

18. (a) Signature of funeral director **Hope Funeral Home**

(b) Address **Gallatin, Mo.**

19. (a) **3 June 1948** (b) **Virginia M. Engelbert**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Daviess** **31**
(c) City or town **Gallatin,**
(If outside city or town limits, write "RURAL")
(d) Street No. **-- Elbert Hotel**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **20**
year **1948** hour **About 12** minute **05 A.M.**
21. I hereby certify that I attended the deceased from **found dead in hotel room**, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration _____
Due to _____

Due to **arterial Sclerosis**
Other conditions (include pregnancy within 3 months of death) _____

Major findings: 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? _____

While at work? _____ (Specify type of place) (2) Means of injury _____
23. Signature **Dr. H. R. Bailey** (Name or other) _____
Address **Gallatin, Mo.** Date signed **4 June 1948**

(Licensed Embalmer's Statement on Reverse Side) **Davanna County Coroner 1948**

APR 15 1955

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

L. O. Richerson
Licensed Embalmer No. 3302

P. O. Address Fullerton, 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.