

FILED JUL 12 1945
Registration District No. 360

Primary Registration District No. 6225

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Washburn Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. no. 3
(If not in hospital or institution, write street number or location) 9
(d) Length of stay: In hospital or institution 6 mo. 5 da
In this community same time
years, months or days

3. (a) PRINT FULL NAME William O. Black
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Wid.
(b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years 73 Months ? Days ? If less than one day _____ hr. _____ min.

9. Birthplace McC Dowell, Barry Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation grocer

11. Industry or business _____
12. Name Joseph C. Black
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Frances Long
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address Nevada Mo.

17. (a) Funeral (b) Date thereof 6-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director Decar, Wash 77
(b) Address Aurora Mo.

19. (a) 6-29-45 (b) Hazel B. Beurek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Verona 108
(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 1945 hour 7 minute 40 P. M.
21. I hereby certify that I attended the deceased from 12-23-44
19 _____, to 6-28-45 19 _____
that I last saw him alive on 6-28-45 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

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 R B Lester MD (M. License) _____
Address Nevada Mo Date signed 6-29-45

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

Mrs. S. A. Beaton
Phone 54049
Hobart, Kans

RECEIVED
District Officer No. 7
District File Number 6-42-660
Date Filed 7-11-45

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 Marsh Eechinger
Licensed Embalmer No. 2656
P. O. Address Nebraska, 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.