No. 2
1-10-39
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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32454

Registration District No. 775 Primary Registration District No. 6020 Registrar's No. 58

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre R-1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Parks Sani...
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre 094 0
(If outside city or town limits write "RURAL")
(d) Street No. Rural Route 1 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME FRANCIS NIXON BLACK
3. (b) If veteran, name war V
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maggie C Black
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased October 24 1875 (Month) (Day) (Year)
VII
8. AGE: Years 65 Months 10 Days 1 If less than one day hr. min.
9. Birthplace Reynolds Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Thomas Black
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Martha Pettibone
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Maggie C. Black
(b) Address Bonne Terre Mo R-1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Adams Cemetery
18. (a) Signature of funeral director Beckham Funeral Co
(b) Address Bonne Terre Mo
19. (a) Aug 25 1941 (Date received by local registrar) (b) H. W. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th year 1941 hour 9 minute A. M.
21. I hereby certify that I attended the deceased from By Coroners Investigation Aug 25th 1941; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to	
Due to	
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? Public Place (Specify type of place)
While at work? No (e) Means of injury
23. Signature C. Clarence Hayashi Coroner (M. D. or other)
Address Bonne Terre Mo Date signed 8/25/41

(Licensed Embalmer's Statement on Reverse Side)

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 C. J. Caywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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, above space should be left blank.