

Registration District No. **65**

Primary Registration District No. **6192**

Registrar's No. **3**

1. PLACE OF DEATH:

(a) County **Wayne** **No Social Security No**  
(b) City or town **Patterson**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1 Hogan**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (years, months or days)

3. (a) PRINT FULL NAME **Rogers Q. Black,**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Nina Black** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **September 11, 1889**  
(Month) (Day) (Year)

8. AGE: Years **51** Months **6** Days **20** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **John Black,**  
13. Birthplace **Missouri** (City, town, or county) (State or foreign country)  
14. Maiden name **Mollie Polk,**  
15. Birthplace **Tennessee** (City, town, or county) (State or foreign country)

16. (a) Informant **Nina Black**  
(b) Address **Patterson, Mo.**

17. (a) \_\_\_\_\_ (b) Date thereof **April 3, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Patterson, Cemetery.**

18. (a) Signature of funeral director **F. H. Yates,**  
(b) Address **Patterson, Mo.**

19. (a) **April 30** (b) **4172** (c) **T. M. Polk**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wayne** **///**  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL") **0**  
(d) Street No. **Rural** (If rural, give location)  
(e) Citizen of foreign country? **#** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **A pril** day **1st** 1941  
year **1941** Between **12 Noon** & **1-P** M.  
hour minute

21. I hereby certify that I attended the deceased from **#** 19\_\_\_\_ to **#** 19\_\_\_\_;  
that I last saw h. **#** alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **By Accident by tractor he was driving overturning and throwing him down a steep bank And Submerging his body in water.** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **NO**

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? **813**

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature **W. L. Piles** (M. D. or other) **3**  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

175-A  
99

**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. Allen Davies Jr.  
Licensed Embalmer No. 4053  
P. O. Address Van Buren, 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23018

Registration District No. 65

Primary Registration District No. 6192

Registrar's No. 3

1. PLACE OF DEATH:

- (a) County Wayne  
(b) City or town \_\_\_\_\_  
(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 \_\_\_\_\_ years, months or days)

3. (a) PRINT  
FULL NAME

Rogers 2 Black

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex m  
5. Color or  
race w

6. (a) Single, widowed, married,  
divorced m

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

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

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature \_\_\_\_\_  
(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 8-21-1946 (b) G. To Lister  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U.S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 1  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 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: By accident Duration \_\_\_\_\_

by tractor. He was driving

loose turning and throwing

him down a steep bank

and submerging his body

in water. Was operating

tractor showing corn field

in agricultural work.

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)  
(e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

S-23018

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**