s. No. 2
4—5-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28794

LED SEP 6 1945

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 11

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

1. PLACE OF DEATH:
(a) County Wayne
(b) City or town Piedmont
(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
In this community 14 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wayne
(c) City or town Piedmont
(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

3. (a) PRINT FULL NAME Robert Callaway Black
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cynthia Ellen Black
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased March (Month) I6 (Day) I872 (Year)

8. AGE: Years 73 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Illionis (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Cynthia Ellen Black
(b) Address Piedmont, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. II, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Bismark, Missouri
18. (a) Signature of funeral director Norman W. Gist
(b) Address Piedmont Mo.
19. (a) Aug 11 1945 (Date received by local registrar) (b) Mrs. Lottie Manns (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year I945 hour 2:I5 minute P M.
21. I hereby certify that I attended the deceased from 8/6, 1945 to 8/9, 1945
that I last saw him alive on 8/9, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage	
Due to Injured by a fall,	
Due to	
Other conditions Anemia, (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. E. Tonry (M. D. or other)
Address Piedmont Mo. Date signed 8/10-45

1103

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 94 S-1025

Date Filed 9-5-45

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 Marvin L. Bowles, Registered Apprentice No. 382, working under my personal supervision.

Signed Jamain W. Gish

Licensed Embalmer No. 2387

P. O. Address Piedmont WV

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.