

RECORDED 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7918
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 3968
 (b) Township..... Primary Registration District No. 3838 Registered No. 34
 (c) City Marshall (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ben O Taylor
 (a) Residence, No. Co. of West & Bowerswick St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 11 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lawyer
 9. Industry or business in which work was done, as saw mill, bank, etc. X
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Marshall
 (STATE OR COUNTRY) Saline Co Mo.

FATHER 13. NAME Ben Taylor

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Collie Rae

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

17. INFORMANT Sam Taylor
 (ADDRESS) Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall Mo DATE Feb 21, 1939

19. FUNERAL DIRECTOR (NAME) F. D. Ferguson
 (ADDRESS) Marshall

20. FILED 2-21-39 Mary Kent
Dep. of Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1939 to Feb 18th, 1939

I last saw him alive on Feb 17, 1939. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Date of onset Don't know

Other contributory causes of importance: 121
Uremia

Name of operation none Date of ✓

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....

(Signed) W. H. Madison, M. D.

(Address) Marshall Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
of Health Officer No. 8,
File Number
3/10/39
Filed

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 me

Registered Apprentice No. _____, working under my personal supervision.

Signed F. D. Ferguson

Licensed Embalmer No. 2172

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.