

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

39979
 Do not use this space.

DECEMBER 15 1939

1. PLACE OF DEATH
 (a) County Jasper 2 Registration District No. 417
 (b) Township JOPLIN Primary Registration District No. 3021 Registered No. 99
 or Webb City
 (c) City Webb City (d) Street No. 101 S. ROANE 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. 2 mos. 27 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gaylyn Jack Taft GAYLYN JACK TAFT
 (a) Residence, No. 101 S. Roane 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 1939

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>X</u>	<u>2</u>	<u>27</u>	

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

12. BIRTHPLACE (CITY OR TOWN) Webb City (STATE OR COUNTRY) Mo.

FATHER
 13. NAME Jack Harrison Taft
 14. BIRTHPLACE (CITY OR TOWN) Butterville (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Iva Edith Taylor
 16. BIRTHPLACE (CITY OR TOWN) Madisonville (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. J. H. Taft (mother) (ADDRESS) Webb City Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Weaver Cem DATE 11/4/39 19

19. FUNERAL DIRECTOR (NAME) Hedge-Nelson (ADDRESS) Webb City Mo.

20. FILED BOC 4.39 19 11/4/39
J. L. Crutcher (Address) Webb City
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1939, to Nov 2 1939
 I last saw him alive on Nov 2 1939 Death is said to have occurred on the date stated above, at 4:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Transition

Other contributory causes of importance:
o

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) R. M. Stormont M. D.
 (Address) Webb City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2414

Date Filed DEC 5 1939

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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.....

E. M. Hedge, Registered Apprentice No.....
working under my personal supervision.

Signed E. M. Hedge
Licensed Embalmer No. 4859
P. O. Address W. H. City

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH
 (a) County Jasper Registration District No. 417
 (b) Township Primary Registration District No. 3021 Registered No. 99
 (c) City Webb city (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 Gaylyn-Jack Taft
 (a) Residence, No. 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 w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 8

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		<u>2</u>	<u>27</u>	

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/2, 1959

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at..... m.
 The principal cause of death and related causes of importance were as follows:
Intoxication - due to
and inability to absorb
proper feeding formula
 Other contributory causes of importance:
The child starved to death
after taking breast & bottle -
then dropped by

Name of operation Date of
 What test confirmed diagnosis? 15 Was there an autopsy?

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?

If so, specify. (Signed) R. M. Starmont, M. D.
 (Address) Webb city

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 n. s. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

