

JAN 15 1940
Registration District No. 609

Primary Registration District No. 4363

1. PLACE OF DEATH: NEWTON
(a) County NEWTON
(b) City or town NEOSHO
(c) Name of hospital or institution: REYNOLDS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 DAYS
In this community 4 1/2 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON
(c) City or town NEOSHO
(If outside city or town limits, write "RURAL")
(d) Street No. 814 YOUNG ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME FRANK AUGUST TAICLET
(b) If veteran, name war _____ (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 VIOLA F. TAICLET 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased MARCH 30 1893
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace VIRNA OHIO
(City, town, or county) (State or foreign country)

10. Usual occupation CITY CLERK

11. Industry or business NEOSHO MISSOURI
12. Name FRANK T. TAICLET
13. Birthplace UNKNOWN FRANCE
(City, town, or county) (State or foreign country)
14. Maiden name MAMIE MATHEY
15. Birthplace UNKNOWN FRANCE
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ruth Lewis
(b) Address Neosho Missouri
17. (a) BURIAL (b) Date thereof 12-20-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NEOSHO I.O.O.F. CEMETERY

18. (a) Signature of funeral director Bobby Thompson
(b) Address Neosho Mo
19. (a) 1-4-40 (b) Ernest Salinger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day December
year 1939 hour 10 minute 40 A. M.

21. I hereby certify that I attended the deceased from Jan 1937 to Dec 18 1939
that I last saw him alive on Dec 18 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes and chronic nephritis
Duration _____

Due to _____
Due to 54

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings: None
Of operations _____
Of autopsy None

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 _____
3. Signature J. Reynolds
Address Neosho Date signed 12-40

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

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 Number 140-221

Date Filed JAN 12 1940

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.....

Gail K. Gay

Registered Apprentice No. 189

working under my personal supervision.

Signed *Orley Thompson*

Licensed Embalmer No. 3259

P. O. Address Newark 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.