

S. No. 2  
-11-10-39  
-4-17-39  
-1 X2182

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 8 1940**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12575

State File No.

Registration District No. 818

Primary Registration District No. 5762 4494

Registrar's No. 50

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

**1. PLACE OF DEATH:**  
 (a) County Scott  
 (b) City or town Diehlstadt, Mo.  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location) 2  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 28 years  
 years, months or days) \_\_\_\_\_

**3. (a) PRINT FULL NAME** Clarence Taylor

**8. (b) If veteran,** name war X X X **8. (c) Social Security No.** X X X

**4. Sex** Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** widowed

**6. (b) Name of husband or wife** Myrtle E. Taylor **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** Jan 18 1882  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>2</u>	<u>13</u>	hr. _____ min.

**9. Birthplace** unknown Indiana  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Retired Farmer

**11. Industry or business** Farming

**MOTHER FATHER** { **12. Name** Unknown  
**13. Birthplace** Unknown Indiana  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Myrtle E. McSwane  
**15. Birthplace** Unknown Indiana  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Mary McFall  
**(b) Address** Sikeston, Mo.

**17. (a) Burial** \_\_\_\_\_ **(b) Date thereof** 4-1-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Maynard Cemetery

**18. (a) Signature of funeral director** Lair-Nunnelee Service  
**(b) Address** Charleston, Mo.

**19. (a) 3-31-40** **(b) J. D. Brown 500**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Scott  
 (c) City or town Diehlstadt  
 (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:** Month March day 31st.  
 year 1940 hour 3 minute A M.

**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** Cardio Renal Vascular  
Ulcerated limb (chronic)  
Dyspepsical Heart

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

**Other conditions** \_\_\_\_\_  
 (Include pregnancy within 3 months of death) 121

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

**Of autopsy** none

**Duration** \_\_\_\_\_

**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?** \_\_\_\_\_ **(a) Means of injury** \_\_\_\_\_

**23. Signature** J. D. Brown **(M. D. or other)** \_\_\_\_\_  
**Address** Charleston, Mo **Date signed** 4/1/40

RECEIVED

District Health Officer No. 2

District File Number 440-8

Date Filed 4/4/40

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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.