

Registration District No. 657

Primary Registration District No. 4388

Registrar's No. 60

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Lanethersville
(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 _____
(Specify whether _____)
In this community ✓
years, months or days

3. (a) PRINT FULL NAME Jack Taylor H. Co
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 20, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 5 hr. 30 min.

9. Birthplace Lanethersville, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

MOTHER FATHER
11. Industry or business none
12. Name Wm. Lloyd Taylor
13. Birthplace Pemiscot Co., Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Jada Holder
15. Birthplace Lawrence Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm. Lloyd Taylor
(b) Address Lanethersville, Mo.
17. (a) Removal (b) Date thereof June 20, 1940
(Specify condition or removal) (Month) (Day) (Year)
(c) Place: burial or cremation near Poytheville, Ark.
18. (a) Signature of funeral director Friedrich
(b) Address Lanethersville, Mo.
19. (a) June 20, 1940 (b) Eda Motter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Lanethersville
(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 June day 20,
year 1940 hour 8 minute 0 A. M.
21. I hereby certify that I attended the deceased from
June 20, 1940, to June 20, 1940,
that I last saw him alive on June 20, 1940,
and that death occurred on the date and hour stated above.
Immediate cause of death Premature Birth

Due to not determined
Due to 154
Other conditions (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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. R. Union (M. D. or other)
Address Lanethersville, Mo. Date signed 6-20-40

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.

7-40-24

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.