

Registration District No. 407

Primary Registration District No. 4241

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Cartersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
308 East Wilson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Cartersville
(If outside city or town limits, write "RURAL")
(d) Street No. 308 East Wilson Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mrs. Josephine Taylor 460

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) ~~Single~~, ~~widowed~~, ~~married~~, divorced

6. (b) Name of husband or wife James Taylor 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 3, 1868
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>71</u> | <u>10</u> | <u>24</u> | hr. _____ min. |

9. Birthplace No data Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert Worlds

13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Husband J. Taylor

(b) Address Cartersville, Mo.

17. (a) Burial (b) Date thereof 7/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cartersville Cemetery

18. (a) Signature of funeral director Wedge - Nelson

(b) Address Webb City, Mo.

19. (a) July 29-40 (b) J. W. Clark
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th
year 1940 hour 2 minute P. M.

21. I hereby certify that I attended the deceased ~~from~~ occasionally
at intervals 19____, to 19____;

that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis agitans

Due to Hemorrhage in cerebral motor areas.

Due to _____

Other conditions J. W.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?
369 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature J. W. Clark (M. D. or other) _____
Address Cartersville, Missouri Date signed July 29-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

+940

40-8-266

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.....

2859

P. O. Address.....

Webb 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.