

Registration District No. 426 Primary Registration District No. 4252 State File No. _____ Registrar's No. 14

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Chilhowee
(If outside city or town limits, write "RURAL" and name of township)
 (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 73 years, months or days (Specify whether) 4 1/2

3. (a) PRINT FULL NAME Jackson A Taylor
 3. (b) If veteran, name war _____ 3. (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 Mamie Taylor 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased July 26 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
 12. Name Henry Taylor
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Ellen Morgan
 15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mamie Taylor
 (b) Address Chilhowee Mo

17. (a) Burial (b) Date thereof Sept 1 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cornelia

18. (a) Signature of funeral director Fred C. Williamson
 (b) Address Clinton Mo

19. (a) Aug 31 1940 (b) D. L. Coates
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Johnson
 (c) City or town Chilhowee
(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 Aug day 30
 year 1940 hour 8 minute 00A M.

21. I hereby certify that I attended the deceased from June 1st 1938 to Aug 30 1940
 that I last saw him alive on Aug 30 at _____ 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hypertension
 Due to Cerebral Sclerosis Arterio
 Due to Arterio Sclerosis

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

Major findings: _____
 Of operations 99
 Of autopsy _____

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? _____

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

23. Signature G. M. Kendall (M. D. or other) _____
 Address Chilhowee Mo Date signed 9/31/40

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-5-40

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 W. Kenneth Jackson
Licensed Embalmer No. 3954
P. O. Address Clinton 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.