

No. 2
-13-40
-17-39
X23159
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35229
State File No.

Registration District No. 288 Primary Registration District No. 4172 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett mo
(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 3
In this community 2 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jerry Wayne Taylor
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 11 - 1934
(Month) (Day) (Year)

8. AGE: Years 5 Months 11 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Kennett mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Taylor
13. Birthplace Kennett mo
14. Maiden name Bessie Ann
15. Birthplace Kennett mo
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Taylor
(b) Address Hartford Mich. etc

17. (a) Burial (b) Date thereof 9-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral - Kennett

18. (a) Signature of funeral director Walter Dewey
(b) Address Kennett mo

19. (a) 10-17-40 (b) Thelma Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Michigan (b) County Larion
(c) City or town Hartford Mich
(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 Sept day 24
year 1940 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from Sept 18, 1940 to Sept 24, 1940
that I last saw h alive on Sept 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Styptococic throat
Due to _____

Due to _____

Other conditions 1150
(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? _____

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

23. Signature J. W. Brownell (M. D. or other) _____
Address Kennett mo Date signed 9/24/40

Duration

7 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No.

District File Number 440-3120

Date Filed 11/14/40

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.....

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, fact should be so stated above.