

FD JAN 25 1947 35

Registration District No.

Primary Registration District No. 5971

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Rural Township Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway 24 East of Milton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) 75 years (3)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Rural Salt River
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 2 Cairo
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Henry Taylor

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 Married

6. (b) Name of husband or wife Dollie Taylor 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May, 6, 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 22 If less than one day hr. _____ min.

9. Birthplace Randolph Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name James B. Taylor

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

14. Maiden name Sarah Lawrence

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

16. (a) Informant Mrs Henry Taylor

(b) Address R.F.D. #2 Cairo Missouri.

17. (a) Burial (b) Date thereof Dec. 31, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Felps Cemetery

18. (a) Signature of funeral director Snow Funeral Home
Moberly Missouri.

(b) Address _____

19. (a) Dec 31-40 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28
year 1940 hour 2:20 pm minute _____ P. A. M.

21. I hereby certify that I attended the deceased from _____ 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: Came to his death due to an automobile
Automobile accident (Coroner jury verdict)
Due to: (Broken neck and crushed
left chest)
Due to: _____

Other conditions: _____
(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) Accident - Automobile
(b) Date of occurrence Dec 28 1940 2:20 pm

(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?
On Highway # 32

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

23. Signature H. C. Guffey (M. D. or other) _____
Address Moberly Date signed 1-2-46

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

MOTHER FATHER

210 m
95

RECEIVED

District Health Officer No. 10

District File Number 1-41-173

Date Filed JAN 6 1941

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 and

J. E. Barnes # 2414 Registered Apprentice No. _____
working under my personal supervision.

Signed R M Carter

Licensed Embalmer No. 4117

P. O. Address Moberly 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43644

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 735-

Primary Registration District No. 5971

Registrar's No. 267

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Union T.P.
(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 _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME

Henry Taylor

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years 75

Months 7

Days 22

If less than one day hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

DEATH CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 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 Came to her death due to unavoidable accident (car over jury verdict)
Due to broken neck and crushed left chest

Other conditions Collision between two automobiles on highway 24 E of Moberly
(Include pregnancy within 3 months of death)

Major findings: Both cars moving in opposite direction
Of operations
Of autopsy

Physician

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) acc (auto)
(b) Date of occurrence Dec 28, 1940
(c) Where did injury occur? Hwy # 24 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hwy # 24
While at work? _____ (Specify type of place) (e) Means of injury auto
23. Signature H.C. Griffith (M. D. or other) Coroner
Address 1 Moberly, Mo Date signed 2-14-41

SUPPLEMENTARY

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