

S. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6433**

MAR 20 1941
Registration District No. **89**

Primary Registration District No. **3007**

Registrar's No. **178**

1. PLACE OF DEATH:
(a) County **Butler**
(b) City or town **Poplar Bluff**
(c) Name of hospital or institution: **910 Benton st.**
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Butler**
(c) City or town **Poplar Bluff**
(d) Street No. **910 Benton**
(e) If foreign born, how long in U. S. A? _____ years.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar** day **9**
year **1941** hour **10** minute **45** P.M.

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Wealey Taylor** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Feb. 18 1864**

21. I hereby certify that I attended the deceased from **3-1-1941** to **3-9-1941**
that I last saw her alive on **3-1-1941**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Apoplexy**
Hemorrhage
Due to _____
Due to _____
Other conditions _____
(Includes pregnancy within 3 months of death)

8. AGE: Years **76** Months **0** Days **19** If less than one day _____ hr. _____ min.
9. Birthplace **Macon Ga.**
10. Usual occupation **at home**

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name **Sara Eastren**
13. Birthplace **unknown**
14. Maiden name **unknown**
15. Birthplace **unknown**

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? _____
(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 **Stallay M D** (M. D. or other) _____
Address **Poplar Bluff Mo** Date signed **3/11/41**

16. (a) Informant **Mrs. H. Hamilton**
(b) Address **Humboldt Tenn**
17. (a) **Burial** (b) Date thereof **3/12-41**
(c) Place: burial or cremation **city**
18. (a) Signature of funeral director **Frank Mortuary**
(b) Address **Poplar Bluff Mo**
19. (a) **3/12/41** (b) **Kate Lutz**

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

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 Garver W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff

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.