

FILED OCT 11 1941

Registration District No. 163Primary Registration District No. 4095Registrar's No. 46

1. PLACE OF DEATH:

- (a) County CEGAR
 (b) City or town Edorado Springs
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME CHRISTOPHER COLUMBUS TABOR

3. (b) If veteran, name war _____ 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 RACHEL TABOR 6. (c) Age of husband or wife if alive 82 years
 7. Birth date of deceased Oct 21 1855
 (Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Mo (City, town, or county) (State or foreign country)
 10. Usual occupation FARMER (Retired 20 yrs)

11. Industry or business.

12. Name Andrew Jackson Tabor
 13. Birthplace Ind (City, town, or county) (State or foreign country)
 14. Maiden name Ruth Ankler
 15. Birthplace Ind (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rachel Tabor
 (b) Address 511 S. Park St. Edorado Springs Mo
 17. (a) Burial (b) Date thereof 9-9-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Edorado Cemetery
 18. (a) Signature of funeral director Wynn Siders
 (b) Address Edorado Springs Mo
 19. (a) 9-8-1941 (b) H. Dawson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County CEGAR
 (c) City or town EDORADO SPRINGS 20
 (If outside city or town limits, write "RURAL")
 (d) Street No. 511 S. PARK (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
 year 1941 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Aug 3, 1941, to Sept 7, 1941;
 that I last saw him alive on Sept 7, 1941;
 and that death occurred on the date and hour stated above
 Immediate cause of death Myocarditis Chronic
 Duration _____

- Due to _____
 Due to _____

- Other conditions (Include pregnancy within 3 months of death) 928

- Major findings:
 Of operations _____

Of autopsy _____

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 H. Dawson (M. D. or other) 1
 Address Edorado Springs Date signed 9-8-41

RECEIVED

District Health Officer No. 7,

District File Number 10-41-1724

Date Filed 10-7-41

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. Siders

Licensed Embalmer No. 3250

P. O. Address Edwards Springs, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.