No. 2
11-10-39
5-17-39
1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38675

State File No.

FILED DEC 5 1941

Registration District No. 7404

Primary Registration District No. 5626

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County: Lafayette

(b) City or town: Rural Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 Mi. E Odessa 40 Hiway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City, Mo
(If outside city or town limits write "RURAL")

(d) Street No.: 3310 Cleveland
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Albert Weight Taliaferro

3. (b) If veteran, name war

3. (c) Social Security No. 486-09-9100

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Dorothy Taliaferre

6. (c) Age of husband or wife if alive: 32 years

7. Birth date of deceased: Feb. (Month) 10 (Day) 1900 (Year)

8. AGE: Years 41 Months 9 Days If less than one day hr. min.

9. Birthplace: Pisgah (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Filling Sta. Attendant

11. Industry or business

MOTHER FATHER

12. Name: George Taliaferre

13. Birthplace: Cooper Co. (City, town, or county) Mo. (State or foreign country)

14. Maiden name: Julia Carpenter

15. Birthplace: Cooper Co., (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Mrs. Dorothy Taliaferro

(b) Address: 3310 Cleveland Kansas City,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Nov. 10, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director: E. C. Hussman

(b) Address: Odessa, Mo.

19. (a) 11/10/41 (Date received local registrar) (b) Mrs E. M. Goodwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10th year 1941 hour 7:15 minute A.M.

21. I hereby certify that I attended the deceased from Nov-10-1941, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: (1) Hemorrhage (2) Pulmonary results (3) Hemorrhage results

Due to: Drs. Hughes & Griffith Off

Due to: Shock for Hot Summer & Burns & Cut & Left Tibia & Fibula (4) Compound Fracture

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings: Of operations: TOC-6

Of autopsy: Rupture of Diaphragm Rupture of Pulmonary Veins

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): Accident - Motor Car

(b) Date of occurrence: 11-10-41 208

(c) Where did injury occur? Highway No 40 - 3 Miles east Odessa (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On National Highway No 40 (Specify type of place)

While at work?

(e) Means of injury: Motor Car Accident

23. Signature: W. Martin M.D. Coroner (M. D. or other)

Address: Odessa Mo Date signed 11-10-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 12-4-41

DEC 1 0 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 .....

....., 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, above space should be left blank.