

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2868

FILED FEB 4 1942

Registration District No. 51942

Primary Registration District No. 3029

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County. Marion
(b) City or town. Harrison, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution. 909 Park Ave 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 Mable O. Taylor

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Arthur A 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. April 7, 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 7 If less than one day hr. _____ min. _____

9. Birthplace. Barry, Mo. ILL
(City, town, or county) (State or foreign country)

10. Usual occupation. Nurse

11. Industry, or business _____

12. Name. Volney, West

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

14. Maiden name. Kathryn

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

16. (a) Informant. Jud Taylor

(b) Address. 909 Park, Harrison Mo

17. (a) Burial (b) Date thereof Jan 8, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mt. Olivet Cem

18. (a) Signature of funeral director. James Colman

(b) Address. Harrison Mo

19. (a) 1-9-42 (b) M. O. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Marion 64
(c) City or town. Harrison 3
(If outside city or town limits, write "RURAL")
(d) Street No. 909 Park Ave 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1942 hour _____ minute 8:15 a. m.

21. I hereby certify that I attended the deceased from Jan 4, 1942 to Jan 6, 1942
that I last saw him alive on Jan 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Crown aneurysm thrombosis Duration 10 min

Due to. acute cholecystitis - 10-6-41

Due to. _____

Due to. _____

Other conditions. 127a

(Include pregnancy within 3 months of death)

Major findings: acute cholecystitis

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? _____

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

23. Signature. J. H. Denny (M. D. or other) M.D.

Address. Harrison Mo Date signed 1-9-42

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 *Michael J. O'Connell*

Licensed Embalmer No. *3246*

P. O. Address *Hannibal 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, fact should be so stated above.