

FILED MAR 20 1942
Registration District No. 422

Primary Registration District No. 5575A

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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Crystal City
(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 23 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLES TAYLOR

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race Colored

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased AUGUST 18, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>5</u>	<u>24</u>	hr. _____ min.

9. Birthplace Valley Mines, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation UNEMPLOYED

11. Industry or business BLIND-DEAF & DUMB

12. Name JERRY TAYLOR

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

14. Maiden name LUCY VAUGHN

15. Birthplace WASHINGTON CO. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jennie MAUK

(b) Address CRYSTAL CITY, Mo.

17. (a) BURIAL (b) Date thereof Feb 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, Mo.

18. (a) Signature of funeral director Jerry R. Hollett

(b) Address Crystal City, Mo.

19. (a) 2-14-42 (b) J. E. Rutledge, M.D.
(Date received local registrar) (Registrar's signature) (V.S.)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town CRYSTAL CITY
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 17
year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Febr. 9, 1942
_____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: 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 Bertalin Bolgar, M.D. (M. D. or other) _____
Address Felton, Mo. Date signed 2-14-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Gentry R. Polittle
Licensed Embalmer No. 3481
P. O. Address Crystal City, 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.