

S. No. 2
M-1-4-41
v. 5-17-39
I X26399

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10867

State File No. _____

FILED APR 24 1942

Registration District No. 228

Primary Registration District No. 3017

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Cullers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Sullivan ¹⁰⁵

(c) City or town Osgood (Rural) ³
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME DANIEL MARION TAYLOR

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1942 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 24, 1942 to March 24, 1942,
that I last saw him alive on March 24, 1942,
and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Laura Taylor

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

7. Birth date of deceased: July 30 1861
(Month) (Day) (Year)

Immediate cause of death: Emphysema 5 weeks duration

Due to Fracture of ribs and puncture of lungs

Due to _____

Other conditions (Include pregnancy within 3 months of death) 170C-8

8. AGE: Years Months Days If less than one day

80 8 4 _____ hr. _____ min.

9. Birthplace Sullivan Co Mo h
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: 22

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Samuel Taylor

13. Birthplace Tenn 1
(City, town, or county) (State or foreign country)

14. Maiden name Earle Wilhite

15. Birthplace _____ 1
(City, town, or county) (State or foreign country)

16. (a) Informant Earnest Taylor

(b) Address Galt Mo

17. (a) Burial (b) Date thereof 3-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Asbury

18. (a) Signature of funeral director PK Payne

(b) Address Galt Mo

19. (a) 3-24-42 (b) Jada W. Hoffman
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident - Auto

(b) Date of occurrence March 24 - 1942

(c) Where did injury occur? Galt Grundy Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Road (Specify type of place)

While at work? Yes (e) Means of injury Auto Collision

23. Signature C. H. Cullers (M. D. or other) MD

Address Trenton Mo Date signed 3-26-42

1222 (Licensed Embalmer's Statement on Reverse Side)

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

740
1
2

FORM 5128

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..... *PK Payne Jr*
Licensed Embalmer No. *3400*
P. O. Address..... *Galt*

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.