

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30447 ✓
State File No.

FILED OCT 9 1942
Registration District No. 139

Primary Registration District No. 4221

Registrar's No. 59

44
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Holt.
(b) City or town Mound City, Missouri.
(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.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt 44
(c) City or town Mound City.
(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 Emma P Taylor.
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September, 2nd.
year 1942, hour 2, minute 50 AM.
21. I hereby certify that I attended the deceased from Jan. 24, 1942
to September 2, 1942.
that I last saw her alive on September 2, 1942
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 26th, 1862.
(Month) (Day) (Year)

Immediate cause of death Hypostatic Pneumonia
Duration 5 days
Due to Cerebral hemorrhage 7 mo.

8. AGE: Years 80, Months 2, Days 26
If less than one day hr. min.
9. Birthplace Oblong Crawford Co., Ill.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Housework.
11. Industry or business
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

MOTHER, FATHER
16. (a) Informant Ray Taylor
(b) Address Mound City, Mo.
17. (a) Burial. (b) Date thereof Sept. 4th, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation High Creek Cemetery.
18. (a) Signature of funeral director W. L. Crawford.
(b) Address Mound City, Missouri.
19. (a) 9-3-42 (b) Pauline Dawson
(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)
(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 D. Perry (M. D. or other) M.D.
Address Mound City, Missouri Date signed 9/3/42

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.....

Art Crawford

Licensed Embalmer No.....

1824

P. O. Address.....

Mound 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.