

S. No. 2  
M-9.4.41  
5-17-39  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6391

FILED MAR 1943

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. 2000 Registrar's No. 174

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town SPRINGFIELD

(c) Name of hospital or institution: 1943 BOONVILLE  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 82 YR.  
(If not in hospital or institution, write street number or location)

In this community 82 YR. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE

(c) City or town SPRINGFIELD  
(If outside city or town limits, write "RURAL")

(d) Street No. 1943 Boonville  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN HOWARD TAYLOR

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWER

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased AUG. 16 1954  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>6</u>	<u>5</u>	_____ hr. _____ min.

9. Birthplace Unknown TENN. ?  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business FARMING.

12. Name SHADRICK TAYLOR ?

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

14. Maiden name TEMPA HOWARD

15. Birthplace Unknown UNKNOWN ?  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Luther Matherly  
(b) Address SPRINGFIELD MO.

17. (a) Burial (b) Date thereof Feb 23 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roberson Prairie

18. (a) Signature of funeral director J. W. Klingner & Co  
(b) Address SPRINGFIELD MO.

19. (a) 22343 (b) Dr W. H. Haulley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1943 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from 2/18 1943 to 2/21 1943  
that I last saw him alive on 2/18 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis Duration 2 mo

Due to Hypertension

Due to Residuity

Other conditions 106  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy no

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) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. Freeman (M. D. or other) \_\_\_\_\_  
Address Springfield Mo Date signed 2/24/43

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

39  
2  
6

39  
2  
6

984

(Licensed Embalmer's Statement on Reverse Side)

**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

*Roy A. Cairns*

Licensed Embalmer No. *2763*

P. O. Address

*Springfield 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.**