

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 7

Registration District No. 1013

Primary Registration District No. 017

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

400

1. PLACE OF DEATH:

(a) County AUDRAIN

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

(c) Name of hospital or institution: 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 25 yrs. (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County AUDRAIN

(c) City or town FARBER
(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 RICHARD TAYLOR

3. (b) If veteran, name war NONE

3. (c) Social Security No. O.A.A. 4-1168

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1943 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 1 1943, to March 20, 1943; that I last saw him alive on March 20, 1943, 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 MARRIED

6. (b) Name of husband or wife NONA ELIZABETH TAYLOR

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased APRIL 28 1875
(Month) (Day) (Year)

Immediate cause of death myocarditis
Chromie

Duration _____

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

68 11 22 hr. _____ min.

Due to 938

Due to _____

Other conditions Arterio-sclerosis
(Include pregnancy within 3 months of death)

9. Birthplace PIKE COUNTY ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation CLAY DIGGER

11. Industry or business NORTH AMERICAN REFR.

MOTHER FATHER

12. Name JOHN W. TAYLOR

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

14. Maiden name SARAH ELLEN PORTER

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant NONA TAYLOR

(b) Address Farber, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 21 1943
(Month) (Day) (Year)

(c) Place: burial or cremation FARBER, MO

18. (a) Signature of funeral director W. S. Waters

(b) Address Vandalia, Mo

19. (a) Mar 21, 1943 (Date received local registrar) (b) Mollie Fugent (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 W. H. McCall (M. D. or other) _____

Address L. Adonia Date signed 3-20-43

RECEIVED

District Health Officer No. 10

District File Number 443-703

Date Filed APR 10 1943

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 W. J. Waters

Licensed Embalmer No. 4298

P. O. Address Vauclain, 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.