

ED MAR 16 1943

Registration District No. **559**

Primary Registration District No. **6221**

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: 1 Monteville Mo
(If not in hospital or institution, write street number or location)

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

In this community 65 years (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon **105**

(c) City or town Monteville **2**
(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.

3. (a) PRINT FULL NAME ISABEL TAYLOR

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F 5. Color or race black

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 9 19 1842
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>100</u>	<u>5</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation housewife work

11. Industry or business _____

MOTHER FATHER { 12. Name John Taylor

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

14. Maiden name unknown

15. Birthplace unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. J. Mallory

(b) Address Monteville Mo

17. (a) Burial (b) Date thereof 2 22 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director G. B. Beamy & Sons

(b) Address Sheldon Mo

19. (a) Feb. 22, 1943 (b) Glesener Ludwig
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1943 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from Feb 3
1943, to Feb 21, 1943.

that I last saw h. er alive on Feb. 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93 21

Major findings:
Of operations _____

Of autopsy _____

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? _____ (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)

(c) Means of injury _____

23. Signature M. K. Lester (M.D. or other) Dr.

Address Sheldon Date signed 2 22 43

RECEIVED
District Health Officer No. 7
District File Number 2-43-82
Date Filed 3-8-43

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.....

Was Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Carroll T. Beeny*

Licensed Embalmer No. *2385*

P. O. Address *Sheldon*

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.