

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

APR 24 1943 209

Primary Registration District No. 3043

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 1831 Valley
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 1831 Valley
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or-No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Elizabeth Taylor

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1943 hour 6 minute 20 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William A. Taylor 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 9, 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 24 1943 to March 6 1943
that I last saw h. or alive on March 6 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>9</u>	<u>27</u>	hr. min.

Immediate cause of death..... Duration

Hypostatic Pneumonia 1 day

9. Birthplace Audrain County Missouri
(City, town, or county) (State or foreign country)

Due to Cerebral Hemorrhage 10 days

Due to arterio sclerosis and Chr. Myocarditis 2 yrs.

Other conditions Fractured L. Hip 1 1/2 yrs.
(Include pregnancy within 3 months of death)

10. Usual occupation XX

11. Industry or business XX

Major findings: none PHYSICIAN

Of operations.....

Of autopsy none

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Harrison Wasson

13. Birthplace Audrain County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Aletha Seeley

15. Birthplace Audrain County Missouri
(City, town, or county) (State or foreign country)

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?

16. (a) Informant John H. Taylor

(b) Address Norfolk Virginia

17. (a) Burial (b) Date thereof 3/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New London Mo. Parsley Cemetery

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature H. O. Daniel (M. D. or other).....

Address 227 1/2 Broadway Date signed 3-8-43

18. (a) Signature of funeral director Wm. M. Smith

(b) Address 902 Broadway Hannibal Mo.

19. (a) 3-8-43 (b) R. H. Connor
(Date received local registrar) (Registrar's signature)

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

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.....

..... George T. Bond, Registered Apprentice No. 350,
working under my personal supervision.

Signed *Wm M. Smith*

Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

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.