

V. S. No. 2  
FORM 5-3  
Rev. 5-2-40  
1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28524**  
Registrar's No. **74**

Registration District No. **155**

Primary Registration District No. **3127**

49  
6  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
Jane Chinn Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... 1 hour (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 419 South Tom street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Infant Son of J. H. Taft

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

4. Sex M. 5. Color or race 0 6. (a) Single, widowed, married, divorced infant

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

7. Birth date of deceased August 22, 1943  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	--	--	--	<u>1 hr.</u> min.

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

10. Usual occupation infant

11. Industry or business.....

12. Name J. H. Taft

13. Birthplace no data Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Iva Edith Taylor

15. Birthplace no data Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant father J. H. Taft

(b) Address Webb City, Missouri

17. (a) burial (b) Date thereof 8/23/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weaver Cemetery

18. (a) Signature of funeral director Nedje Nelson

(b) Address Webb City, Missouri

19. (a) Aug. 25, 1943 (b) Madellie Eagle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22  
year 1943 hour 4:30 minute P.M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....  
that I last saw him alive on 8-22- 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Prenatal Birth

Due to Unknown

Due to.....

Other conditions..... (Include pregnancy within 3 months of death) 159

Major findings:  
Of operations.....

Of autopsy.....

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 2

23. Signature D. Grayson (M. D. or other) Do

Address Wentz 1119 Date signed 8/25/43

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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**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.....  
*E. H. Kelly*

Licensed Embalmer No.....  
*2859*

P. O. Address.....  
*Hubb 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.**