

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42736

FILED JAN 10 1944
164

State File No. _____

Registration District No. _____

Primary Registration District No. 57001

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: P.F.D.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 40 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles B. Taggart

3. (b) If veteran, name war no.

3. (c) Social Security No. 495-07-2721

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept 28 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation Plant Engineer

11. Industry or business Water Company

MOTHER FATHER { 12. Name Alexander Taggart

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

14. Maiden name Elizabeth Covington

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

16. (a) Informant Mrs Pearl Emerson

(b) Address Warrensburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, Missouri

19. (a) Dec. 8, 1943 (Date received local registrar) (b) Lesla McWilliams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. P.F.D.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1943 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Death due to Natural Causes by decision of Coroners

Due to Jury

Due to _____

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

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 _____

23. Signature Edward Anderson (Physician)
Address Warrensburg Date signed 12-7-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

1001

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-7-44

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 Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan.

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community 40 yr.
years, months or days)

3. (a) PRINT FULL NAME Charles B. Taggart

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-07-272

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Sept 25
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days _____ (If less than one day, min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above, immediate cause of death _____

Death - Natural
Due to decision of coroner's jury
Due to probable heart attack

Other conditions (Include pregnancy within 3 months of death) 2000

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 _____

23. Signature Edward Anderson (M. D. or other) _____

Address Eden mo Date signed 1/1/44

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

SUPPLEMENTARY

PHYSICIAN
Underline the cause to which death should be charged statistically.

5-22736