

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2069

State File No.

FILED FEB 4 1944

Registration District No. 3

Primary Registration District No. 3006

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone Co. Hosp'l
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cooper
(c) City or town OVERTON
(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 X

3. (a) PRINT FULL NAME

Charles F Taylor

3. (b) If veteran, name war World War I 3. (c) Social Security No. X

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

6. (b) Name of husband or wife Mary Nichols Taylor 6. (c) Age of husband or wife if alive 1896 years

7. Birth date of deceased June 29 1896
(Month) (Day) (Year)

8. AGE: Years 49 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Former US Coast Guard

11. Industry or business US Govt

MOTHER FATHER
12. Name Frank Taylor
13. Birthplace D K 9
(City, town, or county) (State or foreign country)
14. Maiden name Leaher Woodhurst
15. Birthplace D K 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mary N Taylor
(b) Address Overtown

17. (a) Burial (b) Date thereof 2-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Overtown, MO

18. (a) Signature of funeral director R Lawrence
(b) Address Columbia MO

19. (a) 1-31-44 (b) E. Dana P. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30th
year 1944 hour 8 minute R M.

21. I hereby certify that I attended the deceased from Jan 27 1944 to Jan 30 1944
that I last saw him alive on Jan 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of skull fracture trauma to chest - fractured pelvis

Due to Chest - fractured pelvis Duration 3 days

Due to 170 C-22

Other conditions (include pregnancy within 3 months of death)

Major findings: None Of operations: None Of autopsy: None

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) Accident - 945
(b) Date of occurrence 1-26-44

(c) Where did injury occur? Near Richeport Howard MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 40 - Auto Truck

23. Signature W. J. Hobbs (M. D. or other) MS
Address Columbia MO Date signed 1/31/44

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

10
24

197
4/44

1944
FEB 7
NO 1944

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..... *Rowley*
Licensed Embalmer No. *3183*
P. O. Address *Columbia 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.