

FILED APR 8 1944

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 48

1. PLACE OF DEATH:
 (a) County COOPER
 (b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1119 MAIN STREET
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County COOPER
 (c) City or town BOONVILLE
(If outside city or town limits, write "RURAL")
 (d) Street No. 1119 MAIN STREET
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MRS TILLIE TAYLOR
 (b) If veteran, name war NONE
 (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month MARCH day 13th
 year 1944 hour 7 minute _____ P. M.
 21. I hereby certify that I attended the deceased from March 13
 1944, to March 13, 1944;
 that I last saw him alive on March 13, 1944;
 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race NEGRO
 6. (a) Single, widowed, married, divorced MARRIED
 (b) Name of husband or wife WILLIE TAYLOR
 (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased: AUGUST 11 1889
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis
 Due to _____
 Due to _____
 Other conditions 93d
(Include pregnancy within 3 months of death)

8. AGE: Years 54 Months 7 Days 2
 If less than one day _____ hr. _____ min.

9. Birthplace BOONVILLE MISSOURI
(City, town, or county) (State or foreign country)
 10. Usual occupation HOUSEWIFE

11. Industry or business HOME
 12. Name CHARLES SMITH
 13. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant WILLIE TAYLOR
 (b) Address BOONVILLE, MO.
 17. (a) BURIAL (b) Date thereof 3/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CITY CEMETERY

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

18. (a) Signature of funeral director STEGNER & KOENIG
 (b) Address BOONVILLE, MO.
 19. (a) March-14-44 (b) Dr Chas. Swap
(Date received local registrar) (Registrar's signature)

23. Signature J. C. Tincher (M. D. or other) M. D.
 Address Boonville Mo Date signed Mar 14 1944

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

27
 2

RECORDED

District Health Officer No. 8,

District File Number.....

Date Filed 4-5-44

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 James W. Stegner

Licensed Embalmer No. 3788

P. O. Address: Boonville, 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.