S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12352

Registration District No. 331 Primary Registration District No. 4515 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Sullivan
(c) City or town Milan 105
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? Mo. (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME Robert Jackson Talley
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ola Wages Talley
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased May 7, 1867 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	9	26	hr. min.

9. Birthplace Milan, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer retired
11. Industry or business
FATHER
12. Name William J. Talley
13. Birthplace Adrain Co Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emilina Baldridge
15. Birthplace St Charles Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant William B. Talley
(b) Address Milan, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5 1944 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Elmwood Cem Milan
18. (a) Signature of funeral director Schoenes
(b) Address Milan, Mo Frank D.
19. (a) Mar. 23. 1944 (Date received local registrar) (b) Mrs. L. D. Green (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1944 hour 3 minute 15 a M.
21. I hereby certify that I attended the deceased from Jan 2, 1944 to Death, 1944 that I last saw him alive on Mar 1st, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy, | Duration
Due to Cardiac Dropsy
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Quinn H. Bulan (M.D. or other) D.O.
Address Milan Mo Date signed 3-6-44

1140 (Licensed Embalmer's Statement on Reverse Side)

MAY 12 1944

APR 3 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 Frank D. Schoen

Licensed Embalmer No. Milan

~~P. O. Address~~ License No. 2016

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.