No. 2
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5-17-39
35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18658

FILED JUN 3 1944

Registration District No. 3049

Primary Registration District No. 3043

Registrar's No. 154

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2103 Spruce St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 2103 Spruce St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Grover. C. Taylor

3. (b) If veteran, name war

3. (c) Social Security No. 486-12-0583

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Edith

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

7. Birth date of deceased Feb. (Month) 6. (Day) 1892 (Year)

8. AGE: Years 52 Months 2 Days 4 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Rubber Plant

FATHER
12. Name Marion M. Taylor
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Rhoda Pollard
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Herschel Taylor
(b) Address 2103 Spruce St Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13-44 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo

19. (a) May 3-1944 (Date received local registrar) (b) R H Connor (Registrar's signature)

1146

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th year 1944 hour minute 11:55 P.M.

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

Immediate cause of death Cirrhosis of liver

Due to Cholecystitis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 0

23. Signature [signature] (M. D. or other)
Address [illegible] Date signed 4/19/44

(Licensed Embalmer's Statement on Reverse Side)

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. Michael D O'Donnell

Licensed Embalmer No. 3246

P. O. Address. Hannibal 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.