

FILED JUN 27 1944

Registration District No. 326.131

Primary Registration District No. 4-19-64202

1. PLACE OF DEATH

(a) County Grundy
(b) City or town Spickard Mo
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 45 yr. years, months or days)

3. (a) PRINT FULL NAME Lenora Dell Taylor

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 29 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Taylor
13. Birthplace Brown Co. Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Ella Jane Rowland
15. Birthplace Davis Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant D. S. Taylor
(b) Address Spickard Mo.

17. (a) Burial (b) Date thereof May 8 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Cem Spickard Mo

18. (a) Signature of funeral director Schaubert Funeral Home

(b) Address Spickard Mo.

19. (a) May 10 (b) John Earl Keith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy 40
(c) City or town Spickard 3
(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 _____ 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from was called upon finding her dead 19 _____; that I last saw her alive on month or so ago. and that death occurred on the date and hour stated above.

Immediate cause of death heart attack Duration _____
probable angina pectoris

Due to _____

Due to Found dead May 6 at 7 P.M.

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

Major findings: Of operations 94 P 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? _____

While at work? _____ (Specify type of place) (e) Means of injury ---

23. Signature C. L. McClanahan M. D. or other M.D.
Address Spickard Mo Date signed May 8 1944

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

1149 U

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

Rose Wise

Licensed Embalmer No.

3771

P. O. Address

Spokane 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.