

BUREAU OF THE CENSUS  
FILED AUG 4 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25437

Registration District No. 274

Primary Registration District No. 5921

Registrar's No. 243

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sweet Springs (Rural)  
(c) Name of hospital or institution: Block Water Swp  
(d) Length of stay: In hospital or institution 4 yrs  
In this community 4 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Pettis (b) County Mo  
(c) City or town Sweet Springs (Rural)  
(d) Street No. Blockwater Swp  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Lilla Taylor

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

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced M I  
6. (b) Name of husband or wife J N Taylor  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased June 7 1894

8. AGE: Years 50 Months 1 Days 12

9. Birthplace Iowa

10. Usual occupation House Supt

11. Industry or business

12. Name Marshall Anderson

13. Birthplace Jefferson Iowa

14. Maiden name Mary Helga Still  
15. Birthplace Atchison Kansas

16. (a) Informant J N Taylor  
(b) Address Sweet Springs

17. (a) Burial, cremation, or removal  
(b) Date thereof July 20 1944  
(c) Place: burial or cremation Sweet Springs Mo

18. (a) Signature of funeral director  
(b) Address Houstonia Mo

19. (a) 7-19-44 (b) Mrs Anna Berger

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1944 hour 10:30 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-13 1944 to 7-18 1944 that I last saw her alive on 7-18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arterio-Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?  
(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 J. H. Dale D.D. (M. D. or other)  
Address Sweet Springs Mo Date signed 7-19-44

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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1022

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-4-77

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

*A. H. Smiley*

Licensed Embalmer No.

3987

P. O. Address

*Hampton*

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.