S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30608

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 746

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town SPRINGFIELD (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist Hosp. O (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 GREENE 39

(c) City or town SPRINGFIELD (If outside city or town limits, write "RURAL") 2

(d) Street No. 2115 MELTON (If rural, give location) 6

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country ✓

3. (a) PRINT FULL NAME JERRY LYNN TAYLOR

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased April (Month) 14 (Day) 1938 (Year)

8. AGE: Years 7 Months 5 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace SPRINGFIELD (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation Child

11. Industry or business In School

FATHER
12. Name FRED TAYLOR
13. Birthplace GREENE Co. (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name ELDERENE PETERS
15. Birthplace SPRINGFIELD (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant Ernest Peters
(b) Address SPRINGFIELD MO.

17. (a) Burial (Burial, cremation, or removal) **(b)** Date thereof 9-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director J.W. Klingner & Co.
(b) Address SPRINGFIELD MO.

19. (a) 9-21-45 (Date received local registrar) **(b)** Dr W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19 year 1945 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from 8 30 P.M. Sept 19-45, 19..., to 9 50 P.M. Sept 19, 1945; that I last saw him alive on 9 50 P.M. Sept 19, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Operation for removal of intraocular foreign body ~~Due to~~ right eye due to perforating injury from explosion of 22 Shell.

Due to Post operation complication - Suffocation from asthmatic attack

Other conditions ~~or~~ or aspiration of vomitus (Include pregnancy within 3 months of death)

Major findings:
Of operations 1959
Of autopsy 19

Duration

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) ACCIDENT

(b) Date of occurrence Sept 19, 1945 13.3

(c) Where did injury occur? Springfield (City or town) Greene (County) Missouri (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury Explosion of 22 shell.

23. Signature C. Soutier Smith (M. D. ~~or other~~)

Address Holland Bldg Date signed Sept 20, 45

984 (Licensed Embalmer's Statement on Reverse Side) Springfield, Mo.

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 Geb Slone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.