

FILED JUN 10 1946

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 630

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St Joseph
 (c) Name of hospital or town (If outside city or town limits, write "RURAL" and name of township)
3014 Sylvania 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 20 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan //
 (c) City or town St Joseph (If outside city or town limits, write "RURAL") //
 (d) Street No. 3014 Sylvania (If rural, give location) //
 (e) Citizen of foreign country? No (Yes or No) //
 If yes, name country _____

3. (a) PRINT FULL NAME Richard Bishop Taliaferro

MEDICAL CERTIFICATION

3. (b) If veteran, name war No 3. (c) Social Security No. 491-09-1364

20. DATE OF DEATH: Month May day 23 year 1946 hour 5 minute 45 P.M.

4. Sex Male 5. Color or race White

21. I hereby certify that I attended the deceased from 11/22/44 19____ to 5/23/46 19____ that I last saw him alive on May 21 1946; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Bessie 6. (c) Age of husband or wife if alive 53 years

Immediate cause of death Heart disease, arteriosclerotic Duration 2 yrs.

7. Birth date of deceased: February 14 1889
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>57</u>	<u>3</u>	<u>9</u>	hr. _____ min. _____

Due to Arteriosclerosis, general

9. Birthplace Effingham Kansas
 (City, town, or county) (State or foreign country)

Due to Nephritis, arteriosclerotic

10. Usual occupation Machinist - Western Tab. Co.

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

11. Industry or business _____

Major findings:
 Of operations _____

12. Name Charles Taliaferro

Of autopsy 13/0
 Underline the cause to which death should be charged statistically.

13. Birthplace Kansas
 (City, town, or county) (State or foreign country)

14. Maiden name Amelia Bishop

15. Birthplace Kansas
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs R.B. Taliaferro
 (b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 5-25-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt Auburn Cem

18. (a) Signature of funeral director Fleeman & Son Inc.
 (b) Address St Joseph, Mo.

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? _____

19. (a) June 5, 1946 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. _____)
 Address 706 Francis Date signed 5-25-

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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.....

~~Robert H. Apple~~

.....
working under my personal supervision.

Signed.....

Robert H. Apple

Licensed Embalmer No. 3308

P. O. Address. St. Joseph, 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.