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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED AUG 21 1946

STANDARD CERTIFICATE OF DEATH

State File No. 26425

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 264

1. PLACE OF DEATH:

(a) County BUTLER

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

(c) Name of hospital or institution: 910 PEACH 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 44 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUTLER 12

(c) City or town POPLAR BLUFF 7 (If outside city or town limits, write "RURAL")

(d) Street No. 910 PEACH 3 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME DAVID WILLIAM TAYLOR

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife BEULAH STOLTZ

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased AUGUST (Month) 25 (Day) 1869 (Year)

8. AGE: Years 76 Months 11 Days 6 If less than one day hr. min.

9. Birthplace CRAWFORD (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation RETIRED FIREMAN

11. Industry or business RAIL ROAD

FATHER
12. Name JAMES TAYLOR
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name MARTHA MARTIN
15. Birthplace ILLINOIS (City, town, or county) 1 (State or foreign country)

16. (a) Informant OTIS TAYLOR

(b) Address POPLAR BLUFF MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8/3/46 (Month) (Day) (Year)

(c) Place: burial or cremation WOODLAWN CEME

18. (a) Signature of funeral director FRANK - COTRELL

(b) Address POPLAR BLUFF MO

19. (a) 8/11/46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 31 year 1946 hour 7 minute 55 P.M.

21. I hereby certify that I attended the deceased from 26 July, 1946, to 31 July, 1946 that I last saw him alive on 31 July, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	4 days
Due to: Hypertension arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A F Brookmans MD (M. D. or other)

Address Poplar Bluff Mo Date signed 3 Aug 46

25

(Licensed Embalmer's Statement on Reverse Side)

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

25271

RECEIVED
District Health Office No. 2,
District File Number 846-989
Date Filed 8-15-46

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 Howard Rodgers

Licensed Embalmer No. 4386

P. O. Address Poplar Bluff 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.