

S. No. 2
DM-5-43
v. 17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **337919**

FILED DEC 12 1946

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **451**

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

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
912 So. Pros - /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community 43 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis **80**
(c) City or town Sedalia **6**
(If outside city or town limits, write "RURAL")
(d) Street No. 912 So. Prospect **4**
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNIE MAY 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 widowed
6. (b) Name of husband or wife Charles J. Taylor 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. April 29 1973
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 26
year 1946 hour 7 minute 50 A M.

21. I hereby certify that I attended the deceased from OCTOBER 10 1946 to NOV 26 1946
that I last saw her alive on NOVEMBER 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION Duration _____

Due to ARTERIOSCLEROSIS

Due to _____

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

Major findings: Of operations 94 A 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 0

23. Signature E. Jordan Kaufman (M. D. or other) MD
Address Sedalia Mo Date signed Nov 27-46

MOTHER FATHER

11. Industry or business _____
12. Name James Walton McChimans
13. Birthplace Ill (City, town, or county) (State or foreign country)
14. Maiden name Lydia Vinyard
15. Birthplace Ill (City, town, or county) (State or foreign country)
16. (a) Informant Lynn Taylor
(b) Address Kansas City Mo
17. (a) Burial (b) Date thereof 11-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo
19. (a) 11-27-46 (b) Betty Yeager
(Date received local registrar) (Registrar Signature)

251 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-11-46

DEC 29 1946

REC'D
DEC 29 1946

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 KOM Crary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.