

No. 2
5-42
5-17-39
X32873

FILED FEB 13 1947
Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No.

1. PLACE OF DEATH: **Jasper**
 (a) County: **Joplin**
 (b) City or town: **Joplin**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Joplin General Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: **2 hrs 45 min**
 In this community: **3 mos 20 days**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: **Missouri** (b) County: **Newton**
 (c) City or town: **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No.: **2 miles east of Seneca**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country:

3. (a) PRINT FULL NAME: **Mickie Loraine Taylor**
 3. (b) If veteran, name war: **-**
 3. (c) Social Security No.: **-**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **January** day **15**
 year **1947** hour **5** minute **45 PM**

4. Sex: **F** 5. Color or race: **Wh**
 6. (a) Single, widowed, married, divorced: **S**
 6. (b) Name of husband or wife: **-**
 6. (c) Age of husband or wife if alive: **25** years
 7. Birth date of deceased: **Sept 25 1916**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 14**, 19**47**, to **Jan 15**, 19**47**, that I last saw her alive on **Jan 15**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death: **Pneumonia**
 Duration: **3 days**

8. AGE: Years Months Days If less than one day
#3 20 hr. (min)
 9. Birthplace: **Newton Co. Missouri**
 (City, town, or county) (State or foreign country)

Other conditions:

Due to:

Due to:

Major findings: Of operations: **109B**
 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? (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) (c) Means of injury: **L**

23. Signature: **Dr. S. Mendenhall** (M. D. or other) **D.O.**
 Address: **Seneca Mo** Date signed: **Jan 17**

MOTHER FATHER
 12. Name: **Ellis Taylor**
 13. Birthplace: **Seneca Mo**
 (City, town, or county) (State or foreign country)
 14. Maiden name: **Estelle Spear**
 15. Birthplace: **Gray Cliff Missouri**
 (City, town, or county) (State or foreign country)
 16. (a) Informant: **Ellis Taylor**
 (b) Address: **Seneca Mo**
 17. (a) **Burial** (b) Date thereof: **Jan 17, 1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: **New Salem**
 18. (a) Signature of funeral director: **W. Chidmore**
 (b) Address: **Seneca Mo**
 19. (a) **1-20-47** (b) **W. Chidmore**
 (Date received local registrar) (Registrar's signature)

ADDITIONAL SUPPLEMENTARY INFORMATION REQUIRED BY PHYSICIAN

Underline the cause to which death should be charged statistically.

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

13!

47-1-60

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 *W E Billings*

Licensed Embalmer No. *2174*

P. O. Address *Seaside, Md*

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 7-1Registration District No. 156Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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 days3. (a) PRINT FULL NAME Michelle L. Taylor

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W6. (a) Single, widowed, married, divorced S

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

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

8. AGE: Years _____ Months _____ Day _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo

10. Usual occupation _____

11. Industry or business _____

-12. -Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATE

20. DATE OF DEATH: Month _____ Day _____
Year 1948 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19 _____

that I last saw him/her alive on _____, 19 _____

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

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? _____
(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 _____23. Signature M. S. Mendenhall (M. D. or other) DO
Address Princeton Date signed 7/19/48

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

SUPPLEMENTARY

S-1553