

No. 2
M-5-43
5-17-39
I X36671

FILED MAR 12 1947

Registration District No. _____

Primary Registration District No. **3002**

Registrar's No. **31**

1. PLACE OF DEATH:

(a) County **Audrain**
(b) City or town **Mexico**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **one year**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Audrain**
(c) City or town **Mexico**
(If outside city or town limits, write "RURAL")
(d) Street No. **512 S. Olive St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT

FULL NAME **Minnie B. Taylor**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **15**
year **1947** hour **70** minute **40 P.** M.
21. I hereby certify that I attended the deceased from **October 10**
19 **46** to **Feb 15** 19 **47**
that I last saw **her** alive on **Feb 15** 19 **47**
and that death occurred on the date and hour stated above
Immediate cause of death **Cardiac failure** Duration **3 mo**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **2** **Widowed**
6. (b) Name of husband or wife **John Floyd Taylor**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 8, 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 **8** **7** _____ hr. _____ min.

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

10. Usual occupation **None**

11. Industry or business _____

12. Name **George W. Miller**

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

14. Maiden name **Melissa Straughn**

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

16. (a) Informant **Mrs. H.C. Scott**

(b) Address **Mexico, Mo.**

17. (a) **Removal** (b) Date thereof **Feb. 16, 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dea Logo, Mo.**

18. (a) Signature of funeral director **Tarl E. Quirk**

(b) Address **Mexico, Mo.**

19. (a) **2/16/47** (b) **Black Yeely**
(Date received local registrar) (Registrar's signature)

Due to **cardio renal disease** **4 yrs**

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 **W. Kallert** (M. D. or other)

Address **Mexico Mo** Date signed **Feb 18 47**

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

MOTHER FATHER

RECEIVED
MAR 11 1947
No. 10
347-467

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.....

Earl E. Procht, Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Procht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.