

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAR 11 1947

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7658
Do not use this space.

1. PLACE OF DEATH
 (a) County Vernon Registration District No. 358
 (b) Township Walker Primary Registration District No. 4524 Registered No. 6 108
 (c) City Halter or Halter (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da. _____

2. PRINT FULL NAME James A. Taber
 (a) Residence, No. Walker, Vernon Co Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leona Taber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1893

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>64</u>		<u>14</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) 1947 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Renton Co Mo.

FATHER

13. NAME J. N. Taber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER

15. MAIDEN NAME Martha Frigg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs. Leona Taber Walker Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eldorado Springs DATE 3-4 1947

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Funer. Co. Eldorado Springs Mo.

20. FILED Mar 1 1947 Mrs. Sarah E. Gray Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1 1947

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1944 to Mar 1, 1947
 I last saw him alive on Feb. 27, 1947. Death is said to have occurred on the date stated above, at 8:30 A. M.
 The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis Date of onset 8 yrs
Leak Cooperation 14 days

Other contributory causes of importance:
Arterio Sclerosis

Name of operation — Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) C. A. Davis M. D.
 (Address) Halter Mo.

RECEIVED

District Health Officer No. 7,
District File Number 2-47-199
Date Filed 3-5-47

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 *Floyd C. Carathod*
Licensed Embalmer No. *4419*
P. O. Address *6 Donald Sping*

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, above space should be left blank.