

FILED APR 17 1947

Registration District No. 147

Primary Registration District No. 5550

Registrar's No. 15

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

1. PLACE OF DEATH: Howell
 (a) County Howell
 (b) City or town Rural Twp.
 (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 78 yrs (Specify whether years, months or days)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME Henry M. Taylor
 3. (b) If veteran, name war ---
 3. (c) Social Security No. none

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Frances J. Taylor
 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased April 26 1868
 (Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 10
 If less than one day hr. _____ min. _____

9. Birthplace Howell Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER }
 12. Name Ambrose Taylor
 13. Birthplace unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha Lu
 15. Birthplace not known
 (City, town, or county) (State or foreign country)

16. (a) Informant Ray Taylor
 (b) Address Coffeyville Kansas
 17. (a) Burial (b) Date thereof 3/11/47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Mound Cem.

18. (a) Signature of funeral director Clarence Beard Funeral Home
 (b) Address Gainesville, Mo.
 19. (a) 4-1-47 (b) Beatrice Cook
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
 year 1947 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 5 1947 to March 9 1947
 and that death occurred on the date and hour stated above. March 7 1947

Immediate cause of death Bronchial Pneumonia
 Due to Influenza

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? 2
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. Haerman (M. D. or other) MD
 Address Gainesville Mo. Date signed 3/18/47

Duration
2 wk
2 wk
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number 447210

Date Filed 4-15-47

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 W.B. Litchner

Licensed Embalmer No. 3731

P. O. Address Heinsville 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.