V. S. No. 2
00M—5-43
Rev. 5-17-39
Do I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16875

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 93

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 428 Concourse /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town Excelsior Springs /
(If outside city or town limits, write "RURAL")
(d) Street No. 428 Concourse /
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank G. Taggart
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Taggart
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased January (Month) 6 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
82	4	12	hr. min.

9. Birthplace La Grange (City, town, or county) Indiana / (State or foreign country)
10. Usual occupation Retired - Ice & Fuel
11. Industry or business
FATHER 12. Name Jackson Taggart
13. Birthplace (City, town, or county) Indiana / (State or foreign country)
MOTHER 14. Maiden name Helen Gould
15. Birthplace (City, town, or county) Indiana / (State or foreign country)
16. (a) Informant Mrs. Grace Taggart
(b) Address Excelsior Springs, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cemetery
18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs, Missouri
19. (a) 5/25/47 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 18 day
year 1947 hour 12:30 minutes M.
21. I hereby certify that I attended the deceased from Aug 1-1944
, 19 , to May 18 1947;
that I last saw he ~~she~~ alive on May 18, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Edema	Duration
Cardiac failure	
Due to Cerebral arteriosclerosis	3 yrs
Due to senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Lerton Dawson (M. D. ~~or other~~)
Address Excelsior Springs, Mo Date signed 5-19-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-13-47

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 E. E. Hite

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs, 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.