S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24928

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 29

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Stella (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cardwell Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) /

If yes, name country

3. (a) PRINT FULL NAME James L. Taylor

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Estenith Taylor

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March (Month) 16 (Day) - 1880 (Year)

8. AGE: Years 67 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Barry County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name James Taylor

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

MOTHER 14. Maiden name Peggy Hutson

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

16. (a) Informant Dallas Taylor

(b) Address Seligman, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Roller Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) Aug 3 1947 (Date received local registrar) (b) Alpha Dyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1947 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from 5-2, 19 47 to 5-2, 19 47 that I last saw him alive on 5-2, 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	
Due to	
Due to	
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) 0

While at work? (e) Means of injury

23. Signature G. Cardwell (M. D. or other) M.D.

Address Stella Mo. Date signed 6-23-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Newton
District File Number 847-156
Date Filed 8-11-47

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 H. H. Elkins, Registered Apprentice No. 495, working under my personal supervision.

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.