No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 8 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33467

Registration District No. 347

Primary Registration District No. 6170

Registrar's No.

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

1. PLACE OF DEATH
(a) County Stone
(b) City or town Rural McKinley Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Just passing through
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk 84
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Herman Everett Taylor
3. (b) If veteran, name war
3. (c) Social Security No. 497-30-2786

4. Sex M 0
5. Color or race wh
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July (Month) 3 (Day) 1925 (Year)

8. AGE: Years 22 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Pike Co. mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Everett E Taylor
13. Birthplace Dallas Co mo. 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nora Lipe
15. Birthplace Dallas Co mo 0
(City, town, or county) (State or foreign country)
16. (a) Informant Hassie Taylor
(b) Address Fair Grove mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olive mo
18. (a) Signature of funeral director J. B. Jones
(b) Address Buffalo, Mo.
19. (a) Sept. 15-47 (Date received local registrar) (b) Lena Murray Dep (Registrar's signature) 3/9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1947 hour 7 minute P.M.
21. I hereby certify that I attended the deceased from Sept 13 1947 to at Death 1947
that I last saw him alive on Sept 13 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Crushed Skull & Chest	
Due to Truck Wreck	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

170 C 8
22

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accidental
(b) Date of occurrence Sept 13-1947 104
(c) Where did injury occur? Abesville (City or town) Stone (County) mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On High Way # 44 (Specify type of place)
While at work? yes (e) Means of injury Crush Skull
23. Signature Everett J. Cheatham (M. D. or other) Coroner
Address Galena mo Date signed Sept 13 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Coll. with other M Vehicle

RECEIVED
District Health Officer No. 6
District File Number 44-483
Date Filed SEP 30 1947

OCT 9 1947

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 J. B. Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo 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.