

S. No. 2
DM-5-43
v. 5-17-39
X3667

40786

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1948
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 218

Registration District No. 2 Primary Registration District No. 4009

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Savannah
(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 18 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew
(c) City or town Savannah
(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 _____

3. (a) PRINT FULL NAME Emma Taylor
3. (b) If veteran, name war No 3. (c) Social Security No. none
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William L. Taylor
6. (c) Age of husband or wife if alive 17 years 1857
7. Birth date of deceased Nov. 17 1857
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 26
year 1947 hour 7 minute 55 a. M.
21. I hereby certify that I attended the deceased from June 26, 1947 to Dec 26, 1947
that I last saw her alive on Dec 17, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion
Duration _____
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 90 Months 1 Days 9 If less than one day _____ hr. _____ min.
9. Birthplace Andrew Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
12. Name John Messick
13. Birthplace Unknown Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Folly Campbell
15. Birthplace Unknown Ky.
(City, town, or county) (State or foreign country)
16. (a) Informant E. C. Taylor
(b) Address 515 E. Missouri Ave. St. Joseph, Mo.
17. (a) Burial (b) Date thereof 12/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Savannah, Mo.
18. (a) Signature of funeral director Earl A. Clark
(b) Address 120 Illinois Ave. St. Joseph, Mo.
19. (a) 2-29-47 (b) L. L. Sparks
(Date received local registrar) (Registrar's signature)

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? _____
(Specify type of place) _____
While at work _____ (e) Means of injury _____
23. Signature J. C. Hooper (M. D. or other) _____
Address Savannah Mo. Date signed 12/27/47

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

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Max E. Meyer....., Registered Apprentice No. **49**
working under my personal supervision.

Signed *E. J. ...*.....

Licensed Embalmer No. **4238**.....

P. O. Address **St. Joseph, 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.