

No. 2
-12-45
5-17-39
L X47070

FILED JAN 13 1948

Registration District No. 1449

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
3242 Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kennett Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 3242 Benton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BENJAMIN W. Taylor

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
year 1947 hour 9 minute P M.

21. I hereby certify that I attended the deceased from at death
_____, 19____ to _____, 19____;
that I last saw him alive on Dec 26, 1947;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

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

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

7. Birth date of deceased April 23 1873
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Due to Arterio sclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Harrisonville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name R.H. Taylor

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

14. Maiden name Marjette Thomas

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

16. (a) Informant Karl Taylor

(b) Address 3242 Benton

17. (a) Burial (b) Date thereof 12-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allen Burial Home

18. (a) Signature of funeral director Allen Burial Home

(b) Address Benton Mo

19. (a) 12-27-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: 93 D

Of operations _____

Of autopsy _____

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? _____

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

23. Signature B. O. Poying (M. D. or other) D.
Address 3227 Hoast Date signed Dec 26

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

MOTHER FATHER

227895

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

Allen Branfield

Licensed Embalmer No. *3785*

P. O. Address *Pleasant Hill*

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.