

S. No. 2
OM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43989**

FILED DEC 19 1947

Registration District No. **349**

Primary Registration District No. **6180**

Registrar's No. **8**

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

1. PLACE OF DEATH:

(a) County Monroe Just. Sullivan

(b) City or town Rural Green Castle, Mo
(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 _____ (Specify whether years, months or days) 10 years

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan **105**

(c) City or town Rural Green Castle, Mo
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No) **0**

If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH HENRY TAYLOR

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

4. Sex male

5. Color or race w

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

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

6. (c) Age of husband or wife if alive don't know

7. Birth date of deceased: 10 11 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 29
If less than one day _____ hr. _____ min.

9. Birthplace Sullivan Co. Mo. G
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Levi Taylor

13. Birthplace Sullivan Mo. G
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ann Foster

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

16. (a) Informant Cordie Bunch

(b) Address Milan Mo.

17. (a) Burial (b) Date thereof 12-12-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Opisco Cemetery

18. (a) Signature of funeral director Ann E. Tent

(b) Address Green City Mo.

19. (a) 12/13/47 (b) Laura Staley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10
year 1947 hour 9 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from Dec 9, 1947, to Dec 10, 1947,
that I last saw him alive on Dec 10, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion

Duration _____

Due to _____

Due to MI

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? no (Specify type of place)

23. Signature George Cobb (M.D. or other) no

Address Green City Mo. Date signed 12/14/47

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

RECEIVED
District Health Officer No. 10
District File Number 12-47-1774
Docs Filed DEC 17 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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Greenfield, 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.