

No. 2  
5-43  
17-39  
336671

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

FILED FEB 4 1948

Registration District No. 240

Primary Registration District No. 5827

Registrar's No. 2

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Lewis Twsp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7 miles northwest of Lilbourn.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
in this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72  
(c) City or town Lewis Twsp  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7 miles northwest of Lilbourn.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joyce Faye Taylor

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased December 29 1947  
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Charles Taylor

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

14. Maiden name Mary Walters

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

16. (a) Informant Charles Taylor

(b) Address Lilbourn, Missouri. Route 1

17. (a) Burial (b) Date thereof 1-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mounds Park Cem.

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

(b) Address Lilbourn, Missouri.

19. (a) 1-22-48 (b) F. L. Ponder Deputy Registrar's signature  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21  
year 1948 hour 4 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased \_\_\_\_\_  
19 \_\_\_\_\_ to Jan 21 1948  
that I last saw him alive on Jan 18. 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_  
Underline the cause to the death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) (e) Means of injury \_\_\_\_\_

23. Signature L. N. Wilcox M. D. or other \_\_\_\_\_  
Address Lilbourn MO Date signed 1-22-48

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**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 *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *Lilloan, Md.*

**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.**

*Not Embalmed*

No. 2B  
3-45  
X43880

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Feb

Registration District No. 240

Primary Registration District No. 5827

Registrar's No. 2

1. PLACE OF DEATH

(a) County New Madrid  
(b) City or town Libbey  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME

Joyce F. Taylor

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased see 29  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (County) New Madrid  
(c) City or town Libbey  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7 miles N.W.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year 1948 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that \_\_\_\_\_  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above  
immediate cause of death see full labor  
pneumonia

Duration \_\_\_\_\_

Due to Must be a mistake  
as I do not have  
Due any record of the case of Wilson MD

Other conditions \_\_\_\_\_ (Include pregnancy and a history of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 108

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) Means of injury \_\_\_\_\_

23. Signature G. N. Wilson (M. D.)  
Address Libbey Mo Date signed 2-5-48

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

SUPPLEMENTARY

S-1878