

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 4 1948

Registration District No. 233

Primary Registration District No. 3074

Registrar's No. 100

1. PLACE OF DEATH:

(a) County: SCOTT
(b) City or town: SIKESTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
703 MATTHEWS ST 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: 10 yr's
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: SCOTT 100
(c) City or town: SIKESTON
(If outside city or town limits, write "RURAL")
(d) Street No.: 703 MATTHEWS ST
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME: ROBERT MARION TAYLOR

3. (b) If veteran, name war: SPANISH-AM. 3. (c) Social Security No.

4. Sex: MALE 5. Color of race: WHITE 6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: HATTIE 6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: JAN 2 1879 (Month) (Day) (Year)

8. AGE: 69 Years 8 Months 20 Days If less than one day hr. min.

9. Birthplace: JOHNSON Co ILL 1 (City, town, or county) (State or foreign country)

10. Usual occupation: RETIRED BANK CASHIER

11. Industry or business:

12. Name: ANDERSON TAYLOR

13. Birthplace: JOHNSON Co ILL 1 (City, town, or county) (State or foreign country)

14. Maiden name: GREGORY

15. Birthplace: JOHNSON Co ILL 1 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Hattie Taylor

(b) Address: Sikeston, Mo

17. (a) REMOVAL (b) Date thereof: 9-22-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: NEW-BURNSIDE - ILL

18. (a) Signature of funeral director: WELSH FUNERAL HOME

(b) Address: SIKESTON MISSOURI

19. (a) 9-28-48 (b) Mrs T. G. Henry (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 22 year 1948 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from 21 Sept 1948 to 21 Sept 1948; that I last saw him alive on 21 Sept 48 and that death occurred on the date and hour stated above.

Immediate cause of death: Auricular fibrillation

Due to: Hypertensive Vascular Disease

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: 930

Duration
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) (e) Means of injury

23. Signature: Chester J. Meany (M. D. or other) Address: Sikeston, Mo Date: 28 Sept 48

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

MOTHER FATHER

RECEIVED
District Health Office No. 2
District File Number 1048-125
Date Filed 10-1-48

OCT 14 1948

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 Raymond Lewis
Licensed Embalmer No. 3467
P. O. Address Sikeston, 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.