No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35871

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 366

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
1142 North Fountain Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 16

(c) City or town Cape Girardeau 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1142 North Fountain Street 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ezekiel L. Taylor

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Sarah Elizabeth Lane

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

7. Birth date of deceased March (Month) 9th (Day) 1868 (Year)

8. AGE: Years 80 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Evansville (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name John Taylor
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Sarah Taylor

(b) Address Cape Girardeau, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Lorimier Cemetery

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Missouri.

19. (a) 11-22-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 4.4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th
year 1948 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from Sept 5, 1948, to Nov 19, 1948;
that I last saw him alive on Nov 10, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinomatosis, origin undetermined	6 Mo+
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

55E

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature John Crowe (M. D. or other)

Address Cape Girardeau Date signed 11/22/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

th Officer No. 4

1148-14

11-29-48

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 Howard L Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.