

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7779**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 330

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo, b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. LENGTH OF STAY (In this place) 3 Yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 1213, N, 10th Little Nursing			d. STREET ADDRESS (If rural, give location) 1213 N, 10th St		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Mary	b. (Middle) S	c. (Last) Taylor	(Month) 3	(Day) 20	(Year) 50

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April, 21, 1855	9. AGE (In years last birthday) 95	IF UNDER 1 YEAR Months 10 Days 29	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Unknown	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Adam Harter	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Willard Martin	ADDRESS Maysville Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashtenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Insufficiency.		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dropsical		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. 'AUTOPSY'?' YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1947, 19 , to Death 3/20/50, that I last saw the deceased alive on Mar. 18, 1950, and that death occurred at 4 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. R. Elliott M.D.	23b. ADDRESS 801 1/2 Francis, St. Joseph, Mo	23c. DATE SIGNED Mar. 22. 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-21-50	24c. NAME OF CEMETERY OR CREMATORY Elmwood	24d. LOCATION (City, town, or county) (State) Kansas City Mo
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DATE REC'D BY LOCAL REG. Mar 21 1950	REGISTRAR'S SIGNATURE E. E. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE John Brown Maysville	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

.....
working under my personal supervision.

Signed.....

John Brown

Signed.....
Student Embalmer

Licensed Embalmer No. 3933

P. O. Address Memphis

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.