

REC'D MAR 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6476

Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 2013012
(b) Township Liberty Primary Registration District No. 5280 Registered No. 22
(c) City Liberty (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Horace Taylor H. 160
Liberty Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Era Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 60

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labourer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME Loane Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Jane Budenz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Sadie books

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE 3-1-1938

19. FUNERAL DIRECTOR (ADDRESS) Herbert Carter

20. FILED B-7- 1938 E. T. Brant Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Acute alcoholism and Coronary Sclerosis Date of onset

Other contributory causes of importance: 190

he was taken Home Feb. 19th 1938

and was never seen alive again he

was interment put out to an outside

grave - 4 children & wife to State

Name of operation: was not seen for a week Date of _____

What test confirmed diagnosis: no signs of injury Was there an autopsy _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury H

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) Wm. L. Myron Crocker M. D.

Liberty Clay County Missouri (Address)

183

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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11.3
16091

STATEMENT BY LICENSED EMBALMER

I, Marvin Hessel, Licensed Embalmer No. 2509

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Marvin Hessel

L. E.

No. 2509 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Marvin Hessel
Licensed Embalmer No. 2509

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.)