

REC'D MAY 18 1938

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

14444
Do not use this space.

1. PLACE OF DEATH

(a) County Dade Registration District No. 236
(b) Township Rock Prairie Primary Registration District No. H143 Registered No. _____
(c) City Everton Mo. (d) Street No. _____ St. _____
(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 Lucy Caroline Taylor H-610

(a) Residence, No. Everton Mo. St. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Henry F. Taylor.
(OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29. 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 5 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeping
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) Butler
(STATE OR COUNTRY) Alabama

FATHER 13. NAME John C. Chapman

14. BIRTHPLACE (CITY OR TOWN) Carolina
(STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Lucy Ann Weis

16. BIRTHPLACE (CITY OR TOWN) Carolina
(STATE OR COUNTRY) _____

17. INFORMANT Henry F. Taylor
(ADDRESS) 701 So. Miles, El. Reno, Okla.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mineola, Tex. DATE Apr. 1938

19. FUNERAL DIRECTOR J. W. Ward
(ADDRESS) Greenfield Mo.

20. FILED April 12 1938 Mrs. A. R. Stapp
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 11 1938

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1938, to April 11, 1938

I last saw him alive on April 19, 1938. Death is said to have occurred on the date stated above, at 2 P. M.

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

cholecystitis
hypertension
myocardial infarct

Date of onset

Other contributory causes of importance: 12772

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) H. O. Coover, M. D.
Greenfield Mo. (Address) 213

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.

STATEMENT BY LICENSED EMBALMER

I, J. W. Ward, Licensed Embalmer No. 2832

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

..... I. E. J. W. Ward
No. 2832 or by....., Registered Apprentice No.....

working under my personal supervision.

Signed J. W. Ward
Licensed Embalmer No. 2832

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.)