REC'D JUL 22 1938

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

22545
Do not use this space.

1. PLACE OF DEATH
(a) County Hodaway | Registration District No. 625
(b) Township Pub | Primary Registration District No. 3031 | Registered No. 63
(c) City Maryville 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 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John C. F. Taylor 460
(a) Residence, No. 1122 North Walnut St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eunice Ellen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1856 Dec 17

7. AGE 81 YEARS 81 MONTHS 5 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ?
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Wabash Indiana

FATHER
13. NAME Rodney Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Sarah A. Dickey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Miss Taylor 1122 North Walnut Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Miriam DATE June 11 1938

19. FUNERAL DIRECTOR (ADDRESS) Campbell Funeral Home 951 South Main Maryville Mo.

20. FILED 6-11 1938 Mamie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1938

22. I HEREBY CERTIFY, That I attended deceased from June 9 1938, to June 9 1938
I last saw him alive on June 9, 1938 Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

Acute angina | Date of onset
115a

Other contributory causes of importance:
Similitis

Name of operation ✓ Clinical Date of ✓
What test confirmed diagnosis? Was there an autopsy? No

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? No
If so, specify ✓
(Signed) Chas. T. Bell, M. D.
(Address) Maryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-10-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, W. D. Campbell, Licensed Embalmer No. 26 20

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed W. D. Campbell

Licensed Embalmer No.

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.)