

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.

NOV 3 1938

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

35513  
Do not use this space.

1. PLACE OF DEATH

(a) County Crawford 2 Registration District No. 230  
 (b) Township Beckton 1 Primary Registration District No. 5312 Registered No. ....  
 (c) City Cuba (d) Street No. ....  
 (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

Jasper Newton Taylor  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7-1858

7. AGE YEARS 79 MONTHS 6 DAYS 29 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
 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) 1920 11. Total time (years) spent in this occupation 40 ym.

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

13. NAME David Taylor

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

15. MAIDEN NAME Emma Sanders

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

17. INFORMANT (ADDRESS) W. L. Pugh

18. BURIAL, CREMATION OR REMOVAL PLACE Oak Hill Mo DATE 7-8 1938

19. FUNERAL DIRECTOR (ADDRESS) W. F. Gattersteater  
Queenville Mo

20. FILED July 8 1938 J. P. H. Herzog Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1938

22. I HEREBY CERTIFY, that I attended deceased from June 30 1938 to July 6 1938.  
 I last saw him alive on July 6 1938. Death is said to have occurred on the date stated above, at 12:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Cardiovascular Renal Disease  
 Date of onset About 1933

Other contributory causes of importance: 131

Name of operation. .... Date of. ....  
 What test confirmed diagnosis? Cluesel 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? .....  
 If so, specify .....  
 (Signed) P. B. Leuch M. D. (Address) Cuba, Mo

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

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

..... L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

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.)**