

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

36089
 Do not use this space.

REC'D NOV 18 1938

1. PLACE OF DEATH

(a) County Johnson Registration District No. 5586
 (b) Township Post Oak Primary Registration District No. 4256 Registered No. 430
 (c) City..... (d) Street No..... (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 H66 Wm Franklin Taylor

(a) Residence, No. 5 (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) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Taylor
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-12-1882
 7. AGE YEARS 56 MONTHS 7 DAYS 29 If LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. Restaurant operator
 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) Johnson Co. Mo
 13. NAME John Taylor
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo
 15. MAIDEN NAME Louise Stout
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo
 17. INFORMANT (ADDRESS) John Taylor, Cornelia, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cornelia, Mo DATE Dec 13 - 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sweeney Phillips, Warrensburg, Mo
 20. FILED Nov 8, 1938 Amabel Reynolds Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11 - 1938
 22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 I last saw h..... alive on sudden 19..... Death is said to have occurred on the date stated above, at 5:15 P. m.
 The principal cause of death and related causes of importance were as follows:
Pistol shot wounds
 Date of onset
 Other contributory causes of importance: 172
 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? Homicide Date of injury Oct. 11, 1938
 Where did injury occur? Cornelia, Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. home
 Manner of injury Pistol bullets
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) A. L. Bradley, Coroner, M. D. (Address) Warrensburg, Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/27/38

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

Registered Apprentice No., working under my personal supervision.

Signed *J. R. Sweeney*

Licensed Embalmer No. *11261*

P. O. Address *Warrensburg*

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, above space should be left blank.