

REC'D DEC 22 1938

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

40055

Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 689
 (b) Township Buffalo Primary Registration District No. 3033
 (c) City Journeana (d) Street No. Pike Co Hospital Registered 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. 3 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 460 Lillie Pearl Taylor St. Ashburn Mo
 (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 Female 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 Wm J Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-10-1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
38 9 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) 11/1/38 11. Total time (years) spent in this occupation 11/38

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

FATHER 13. NAME Henry Chastong
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leighton Penn Pa

MOTHER 15. MAIDEN NAME Rutha E Cherry
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co Mo

17. INFORMANT (ADDRESS) Bertha Ellen Hess
11 North Lawrence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lansdown Pike Mo DATE Nov 22, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Hubert
Lansdown Mo20. FILED 11-19 1938 St. Hubert Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-19, 193822. I HEREBY CERTIFY, That I attended deceased from 11-15-38, 1938, to 11-19-38, 1938.

I last saw her alive on 11-18-38, 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Heart Block Date of onset 11-18-38
Pneumonia - Lobar -
Rate of onset undetermined

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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 Charles Jewell, M. D.
 (Signed) Lansdown Mo
 (Address) 6-0

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.

WHILE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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FEB 17 1956

RECEIVED

District Health Officer No. 10

District File Number 10-38-120

Date Filed 12/12/38

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.