

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.

1938

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

44354  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Clair Registration District No. 763  
 (b) Township Chalklevel Primary Registration District No. 6006 Registered No. 12  
 (c) City Louisy City, 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 33 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

466 Margaret Ella Taylor  
 (a) Residence, No. \_\_\_\_\_ 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 (OR) WIFE OF Frank G. Taylor  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1868  
 7: AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 10 8  
 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. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Hamilton Mo  
 (STATE OR COUNTRY) Caldwell Co.

FATHER 13. NAME Rawley Henkins  
 14. BIRTHPLACE (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY) Penn.

MOTHER 15. MAIDEN NAME Eliza Poole  
 16. BIRTHPLACE (CITY OR TOWN) Lexington Mo  
 (STATE OR COUNTRY) Lafayette Co.

17. INFORMANT ✓ Ferne Taylor Cooper  
 (ADDRESS) ✓ Louisy City, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Louisy City Cemetery DATE 12/26/38

19. FUNERAL DIRECTOR H. B. Austin  
 (ADDRESS) Louisy City Mo

20. FILED 12/25, 1938 Sophie L. Stratton  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/24 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 12-22, 1938, to 12-24, 1938  
 I last saw h. alive on 23, 1938. Death is said to have occurred on the date stated above, at 12:05 p.m.  
 The principal cause of death and related causes of importance were as follows:

Branchio pneumonia  
uremic coma  
12/21  
 Other contributory causes of importance:  
Chronic nephritis  
 Date of onset \_\_\_\_\_

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) R. H. Hammond, M. D.  
applied

RECEIVED  
District Health Officer No. 71  
District File Number 7-39-88-  
Date Filed 1-12-39

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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.)**