

REC'D FEB 20 1939

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

1315

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
 (b) Township Rau Primary Registration District No. 1007
 (c) City Lanana city (d) Street No. 538 Prospect Registered No. 328
 (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 538 Prospect 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nora Taylor</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 4 1888</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>3</u>	DAYS <u>20</u> If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Working Refrigerator</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Co. Mechanic</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 21</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cornelia Mo</u>		
FATHER	13. NAME <u>John H. Taylor</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>Lousette Euk</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Mrs. Nora Taylor</u> (ADDRESS) <u>538 Prospect</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Warrensburg Mo</u> DATE <u>Jan 26</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) <u>St. Newcomer's Sons</u> (ADDRESS) <u>Brush Creek + Pass.</u>		
20. FILED <u>Jan 25</u> 19 <u>39</u> <u>M. M. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24 1939

22. I HEREBY CERTIFY, (that) I attended deceased from
June, 1937, to Jan 24, 1939
 I last saw him alive on Jan 24, 1939. Death is said
 to have occurred on the date stated above, at 11 m.
 The principal cause of death and related causes of importance were as follows:
Chr. myocarditis
92C
 Date of onset 1937

Other contributory causes of importance:
Coronary disease 1938

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.....
 (Signed) James H. Hanson, M. D.
 (Address) P.O. 7, P. O. Bldg.

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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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address Kansas City,

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.