

DEC'D FEB 21 1939

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

1956

Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 165
(b) Township Linn Primary Registration District No. 5231
(c) City Stockton (d) Street No. _____
(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.

Registered No. 22. PRINT FULL NAME George W. Taylor

(a) Residence, No. Stockton, Missouri St.
(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 1 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Farming
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) Ray County, Mo.13. NAME Al Taylor14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County, Mo.15. MAIDEN NAME Martna Wells16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orich, Missouri17. INFORMANT (ADDRESS) Mrs. W. Gannaway
Stockton, Missouri18. BURIAL, CREMATION, OR REMOVAL
PLACE Harby DATE Feb. 5, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) V. C. Davis & Co.
Stockton, Missouri20. FILED Feb 8, 1939 Mrs R. A. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1939, to Feb. 5, 1939
I last saw him alive on Feb. 5, 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Lobar pneumonia

Date of onset _____

Other contributory causes of importance: 108Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) J. H. Dupre, M. D.

(Address) Stockton, Mo.
156

RECEIVED
District Health Officer No.
District File Number 7-39-2
Date Filed 2-10-29

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.