

REC'D MAR 17 1939

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

6459

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 1104
(b) Township Boone Primary Registration District No. 3415E Registered No. 1
(c) City 1 (d) Street No. 1 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY V. TAYLOR

(a) Residence, No. 468 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>F.</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>H. R. Taylor</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 5 - 1875</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>2</u>
	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House Work</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>House Work</u>	
	10. Date deceased last worked at this occupation (month and year) <u>11. Total time (years) spent in this occupation</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oak Hill Mo</u>		
FATHER	13. NAME <u>Newton Sanders</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oak Hill Mo</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Bullington</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>South Carolina</u>	
17. INFORMANT <u>H. R. Taylor</u> (ADDRESS) <u>Boonville Mo. R-2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill Mo</u> DATE <u>2-26-1939</u>		
19. FUNERAL DIRECTOR <u>W. F. Gattenstrater</u> (ADDRESS) <u>Ovensville Mo</u>		
20. FILED <u>2-25</u> 19 <u>39</u> <u>Charles Schmitt</u> Local Registrar <u>277</u>		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) February 24 1939

2. I HEREBY CERTIFY, that I attended deceased from Jan 27 1939 to Feb 24, 1939
I last saw her alive on Feb 23, 1939 Death is said to have occurred on the date stated above, at 4:40 A. M.

The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset 2-24-39

Other contributory causes of importance:
94B

Name 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. F. Matthews, M. D.
Boonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, W.F. Gettustoeter, Licensed Embalmer No. 1444

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

.....L. E.....

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed W.F. Gettustoeter

Licensed Embalmer No. 1444

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.)