

1935 JUL 10 1939

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

21307
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Har Primary Registration District No. 1002
(c) City Har. City (d) Street No. Blue River at Belmont Registered No. 2575
(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 466 SAMUEL Taylor
(a) Residence, No. Jackson County, Deep Hole (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 m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 — — —

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. school
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) (STATE OR COUNTRY) Marshall mo

FATHER 13. NAME Sam Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall mo

MOTHER 15. MAIDEN NAME Bertha Wink
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall mo

17. INFORMANT (ADDRESS) Collin Blue River

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue River DATE 6-26-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ideal 1402 E 12th St
6-26-39 M. M. Brown
Local Registrar.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26-35 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19.
I last saw Deputy Coroner, 19..... Death is said to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:
Death by Drowning
Sea unknown
183
Date of onset

Other contributory causes of importance:
9

Name of operation Autopsy Date of.....
What test confirmed diagnosis Autopsy Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury..... 19.....
Where did injury occur? Blue River
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Drowning
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Yes
(Signed) Russell W. Jones M.D.
(Address) Blue River

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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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

L. Harris Sr.

Licensed Embalmer No. *3388*

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.