

REC'D JUL 17 1939

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

22944
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township Prarie Primary Registration District No. 5890
 (c) City Sedalia (d) Street No. RFD # 3 Registered No. 198
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 Mae Owen Taylor

(a) Residence, No. R. F. D. # 3 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. H. Taylor
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 1, 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 10 17

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. At home
 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) Adrain Missouri

FATHER 13. NAME James Owen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adrain, Missouri

MOTHER 15. MAIDEN NAME Mary Elizabeth Haggard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adrain, Missouri

17. INFORMANT H. H. Taylor
(ADDRESS) RFD 3 Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE June 20, 1939

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home
(ADDRESS) Sedalia, Missouri

20. FILED 6-20 1939 Mrs Harry Sneed
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1939

22. I HEREBY CERTIFY That I attended deceased from Feb. 1939, to June 18 1939
 I last saw him alive on June 18 1939. Death is said to have occurred on the date stated above, at 9:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset Feb. 1939

Other contributory causes of importance:

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 A. L. Walter, M. D.
 (Signed) Sedalia Mo.
 (Address)

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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RECEIVED
District Health Officer No. 8,
Fire Number
6/13/14

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, _____

L. E. Baulch

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *L. E. Baulch*

*Licensed Embalmer No. *3867*

P. O. Address *Scudler Mo*

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.