

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
D-1 X19311

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.

Registration District No. **69**

Primary Registration District No. **820**

Registrar's No. **4**

1. PLACE OF DEATH:
 (a) County **Bollinger**
 (b) City or town **Rural**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Bollinger**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Near Zalma, Mo.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Francis Thomas Taylor 460**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **17**
 year **1939** hour **6:00** minute **35** A. M.

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Margaret Taylor**
6. (c) Age of husband or wife if alive **78** years
7. Birth date of deceased **July 13th 1863**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **September 4**, 19**39** to **October 17**, 19**39**
 that I last saw him alive on **September 23**, 19**39**
 and that death occurred on the date and hour stated above.

8. AGE: Years **76** Months **3** Days **4** If less than one day _____ hr. _____ min.

Immediate cause of death **Chronic Myocarditis**
 Due to **Senility**
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations **✓**
 Of autopsy **✓**

9. Birthplace **Illinois**
 (City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

11. Industry or business _____
MOTHER FATHER
12. Name **Dan Taylor**
13. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **✓**
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? **✓**

16. (a) Informant's own signature _____
(b) Address **Zalma, Mo.**
17. (a) Burial (b) Date thereof **Oct. 18, 1939**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Berongon.**
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) 11/18-39 (b) **Mrs. Gale Berry**
 (Date local registrar) (Registrar's signature)

23. While at work? **✓** (Specify type of place) _____ (e) Means of injury _____
28. Signature **Dr. P. H. Smith** (M. D. or other) **DO**
Address **Zalma, Mo.** **Date signed** **10/17/39**

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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.....

..... 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.