

RETURN 1.0 1940

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

42951
Do not use this space.

1. PLACE OF DEATH

(a) County Candem 2 Registration District No. 275
(b) Township Anglaise 1 Primary Registration District No. 517.0.B Registered No. _____
(c) City Stoutland (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.

2. PRINT FULL NAME H60 HARRY TAYLOR

(a) Residence, No. _____ 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 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 Ollie Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1861

7. AGE YEARS 78 MONTHS 10 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
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) about year ago 11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nat County Ky.

FATHER 13. NAME Haddon Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Mary Boston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) L A Fuller Stoutland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stoutland Cemetery DATE Dec 19 1939

19. FUNERAL DIRECTOR (ADDRESS) Virgil Evans Stoutland Mo

20. FILED Jan 3 1940 Mrs Mac Red Mooney Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 2nd 1939, to Dec 18 1939. I last saw him alive on Dec-10 1939. Death is said to have occurred on the date stated above, at 4 P m. The principal cause of death and related causes of importance were as follows:

Chronic Infectious Nephritis Date of onset Unknown

Other contributory causes of importance: 171
Name of operation Nephrectomy Date of _____
What test confirmed diagnosis? Urinalysis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury _____, 19____
Where did injury occur? X (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) L. E. Carter, M. D.
119 (Address) Stoutland Mo

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.

RECEIVED

District Health Officer No. 7,

District File Number 1-40-31

Date Filed 1-8-40

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)