

FEB 13 1940

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Pythian Home 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)
 In this community 8 years

8. (a) PRINT FULL NAME RICHARD LEWIS TAYLOR III8. (b) If veteran,
name war8. (c) Social Security
No.4. Sex Male 5. Color or race White6. (a) Single, widowed, married,
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive years7. Birth date of deceased February 11 1858
(Month) (Day) (Year)8. AGE: Years 81 Months 11 Days 18
If less than one day hr. min.9. Birthplace Liberty Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Richard Taylor(b) Address Pythian Home17. (a) Burial (b) Date thereof June 31 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Haydenwood18. (a) Signature of funeral director W. C. Higgins(b) Address Springfield Mo. 11619. (a) 1/21/40 (b) Chas A. George M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. Pythian Home
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th
year 1940 hour 3 minute 15 P. M.21. I hereby certify that I attended the deceased from Jan 25
Jan 25 1940 to Jan 29 1940;
that I last saw him alive on Jan 29
and that death occurred on the date and hour stated above.Immediate cause of death Broncho Pneumonia Duration 4 day

Due to

Due to

Other conditions Chronic Aachmia
(Include pregnancy within 3 months of death)Major findings:
Of operationsOf autopsy None

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?

While at work (Specify type of place) Means of injury

23. Signature William R. Beate (M. D. or other)Address Springfield Mo Date signed 3/2/40

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.....

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

Signed.....

R. H. Thomas

Licensed Embalmer No. *3681*

P. O. Address.....

Springfield, 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.