

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

5801
Do not use this space.

FILED MAR 14 1940

1. PLACE OF DEATH
 (a) County Barry Registration District No. 30
 (b) Township Leopold Creek Primary Registration District No. 5041 Registered No. 21
 (c) City 2 (d) Street No. _____ (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 8 yrs. 8 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ALICE ROBINSON TAYLOR
 (a) Residence, No. Pierce City 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. Taylor
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25, 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 67 6 _____
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steno
 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) Carrollton Ill.
 13. NAME Wm Ladd
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 15. MAIDEN NAME Mary White
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown?
 17. INFORMANT (ADDRESS) Mr R W Bowers
 18. PLACE OF INTERMENT OR REMOVAL PLACE Carrollton Ill. DATE 2/27 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) V.O. Niemeyer
Pierce City Mo
 20. FILED 2-25- 1940 W.M. West
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25 1940
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ a. m.
 The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis
Coronary Embolism
 Date of onset 1938
 Other contributory causes of importance: 1412
 Name of operation None Date of _____
 What test confirmed diagnosis? blueme (if there an autopsy?) _____
 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? _____
 If so, specify 1 masonry M. D.
 (Signed) Pierce City Mo
 (Address) _____

WRITE 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.

50-M-1-12-38
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RECEIVED

RETURN TO CHIEF STATE HEALTH OFFICER

REGISTERED BATHING ESTABLISHMENT

ISSUED TO STATE HEALTH OFFICER

District Health Officer No. 6,

District File Number 340-815

Date Filed MAR 11 1940



TASK NO. OF REGISTERED ADVISOR

TASK NO. OF REGISTERED ADVISOR

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, me

or by _____

Registered Apprentice No. _____, working under my personal supervision

Signed Victor O. Heuniger

Licensed Embalmer No. 3822

P. O. Address Leice City 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.