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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10933

Registration District No. 318 Primary Registration District No. 2601 Registrar's No. 215

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

39
3
6

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: Burge Hospital (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) 4 L D

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Springfield, Mo (If outside city or town limits write "RURAL")
(d) Street No. R#1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME IRIS MAHALA TAYLOR
3. (b) If veteran, name war ✓
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Feb (Month) 28 (Day) 1940 (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day hr. min.
9. Birthplace Springfield (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Infant
11. Industry or business at Home
FATHER
12. Name Ira W. Taylor
13. Birthplace Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Edna M. Engle
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Ira W. Taylor
(b) Address Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery
18. (a) Signature of funeral director W. Klingner Mo.
(b) Address Springfield Mo.
19. (a) 3/2/40 (Date received local registrar) (b) Chas. A. George (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1st year 1940 hour 12 minute 30 P M.
21. I hereby certify that I attended the deceased from 2/28/40, 19 , to 3/1, 1940 that I last saw her alive on 3/1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth
Due to 31 Weeks Gestation
Due to
Other conditions (Include pregnancy within 3 months of death) 159

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. D. Max Petit (M. D. or other) M.D.
Address Springfield Mo Date signed 3/1/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

No embalming

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Roy A Adams

Licensed Embalmer No. 1763

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.