

Registration District No. 527 Primary Registration District No. 5703 4313 State File No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Bevier
(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) 7
(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 Macon
(c) City or town Bevier
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23rd
year 1940 hour 11 minute 30 AM.
21. I hereby certify that I attended the deceased from Feb. 19
_____, 1940, to Feb. 23, 1940,
that I last saw him alive on Feb. 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocardial Failure Duration 1 mo.
Due to Chronic Bronchial Asthma 35 yrs
Due to Bronchiectasis
Other conditions: _____ (Include pregnancy within 3 months of death) 106 lbs
Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME CARL TAYLOR 460
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 6. Color or race NEGRO 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 4 1899
(Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Callao Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Taylor
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Weston
15. Birthplace Callao
(City, town, or county) (State or foreign country)

16. (a) Informant TOM DUDREY, JR
(b) Address Bevier, Mo

17. (a) BURIAL (b) Date thereof 2-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macon, Mo.

18. (a) Signature of funeral director J. E. Edwards

(b) Address Bevier, Mo

19. (a) Matchell (b) Edu Simpson
(Date received local registrar) (Registrar's signature)

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? 470

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. L. Burden (M. D. or other) MD
Address Callao, Mo Date signed 3/4/40

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

RECEIVED

District Health Officer No: 10

District File Number 4-40-812

Date Filed APR 11 1940

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 _____

J. H. Edwards, Registered Apprentice No. _____
working under my personal supervision.

Signed J. H. Edwards

Licensed Embalmer No. 1961

P. O. Address Brewer, Me

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.