

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.

APR 23 1940

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

11770  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Montgomery Registration District No. 579  
 (b) Township Bear Creek Primary Registration District No. 4347  
 (c) City Jonesburg (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** Lucy Lamp Taylor

(a) Residence, No. Jonesburg 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** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** m

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** N. O. Taylor

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Sept. 26, 1860

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 6 12

**OCCUPATION**

**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** Housewife

**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)** Jonesburg, Mo.

**FATHER**

**13. NAME** George Wilson

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ky.

**MOTHER**

**15. MAIDEN NAME** Mary A. Skinner

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

**17. INFORMANT (ADDRESS)** Mrs. Maj. Norton  
Chicago, Ill.

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE Jonesburg DATE Mar. 16, 1940

**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** Carl A. Harding  
Jonesburg, Mo.

**20. FILED** Mar. 16, 1940 Mary Lou Plummer  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** MAR 14, 1940

**22. I HEREBY CERTIFY, That I attended deceased from** Mar. 2, 1940, to Mar. 14, 1940  
 I last saw h. in. alive on Mar. 13, 1940. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Bronchial pneumonia  
Cerebral Hemorrhage  
 Date of onset 3-8-40  
3-8-40

Other contributory causes of importance: 82 W

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Chadwick Was there an autopsy? no

**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?** No.  
 If so, specify \_\_\_\_\_  
 (Signed) Jane P. Nelson M. D.  
889 (Address) New Florence Mo.

**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.....

*Carl Harding*  
.....  
working under my personal supervision.

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

Signed *Carl Harding*  
.....

Licensed Embalmer No. *4115*  
.....

P. O. Address *Gonesburg 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.**