

APR 16 1940
Registration District No. 785

Primary Registration District No. 3434

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Wardolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Woodland Hospital Moberly Mo.
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution Week (Specify whether
In this community at this site years, months or days) 11 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton
(c) City or town Keytesville (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.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 31
year 1940 hour 9:17 minute _____ M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mauds Taylor 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased 08 20 71 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 14, 1940 to March 31, 1940;
that I last saw him alive on March 31, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Duodenal ulcer causing pyloric obstruction Duration Several months

8. AGE: Years 68 Months 5 Days 11 If less than one day hr. _____ min. _____

Due to _____
Due to 11/17/40
Other conditions Pneumonia (Include pregnancy within 3 months of death)
Major findings: Pyloric obstruction

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

10. Usual occupation Cook at Bank

11. Industry or business _____
12. Name Joyce F. Taylor
13. Birthplace Jennings
14. Maiden name Archie Cogell
15. Birthplace Jennings

PHYSICIAN _____
Underline the cause to which death should be charged statistically
Of autopsy

16. (a) Informant's own signature Hildegard Taylor
(b) Address Keytesville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2 - 1940 (Month) (Day) (Year)

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)

(c) Place: burial or cremation Keytesville
18. (a) Signature of funeral director W. J. Smith
(b) Address Keytesville Mo.
19. (a) Apr. 1 - 1940 (Date received local registrar) (b) Paul H. Nelson (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 9:15 (Specify type of place) (e) Means of injury _____
While at work? _____
23. Signature R. D. Streetor (M. D. or other) M.D.
Address Moberly Mo. Date signed Apr. 1, 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X1051

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.