

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12132

State File No. \_\_\_\_\_

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 45

1. PLACE OF DEATH:  
(a) County Randolph  
(b) City or town Moberly  
(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)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community All of his life years, months or days

8. (a) PRINT FULL NAME Manford Taylor U. 60  
8. (b) If veteran, name war   
8. (c) Social Security No. \_\_\_\_\_

4. Sex Male  
5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bertha Taylor  
6. (c) Age of ~~husband~~ wife if alive 50 years  
7. Birth date of deceased Aug. 11th 1872  
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 21  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace White Hall Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business \_\_\_\_\_  
MOTHER FATHER {  
12. Name John Edmond Taylor  
13. Birthplace Macoon Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Eloise Jane Painter  
15. Birthplace White Hall Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bertha Taylor  
(b) Address Exalta, Mo.

17. (a) Burial (b) Date thereof 3-5-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Salem

18. (a) Signature of funeral director Stephen & Gooding  
(b) Address Macoon Mo.

19. (a) Mar 5-1940 (b) Seale Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Macoon  
(c) City or town Macoon  
(If outside city or town limits, write "RURAL")  
(d) Street No. 821 Emerson (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3rd  
year 1940 hour 7 minute 10 P. M.  
21. I hereby certify that I attended the deceased from Feb 22  
1940 to March 3 1940  
that I last saw him alive on Feb 29 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Due to Hypertension  
Due to 82 W  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration 2 Days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? 925  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Dr. Sheppard (M. D. or nurse)  
Address Moberly Mo. Date signed 3/4/40

WALL PAINLI—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.

RECEIVED

District Health Officer No. 10

District File Number 4-40-905

Date Filed APR 16 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, ~~and~~.....

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

working under my personal supervision.

Signed

*C. L. Stephens*

Licensed Embalmer No. 3057

P. O. Address Macon, 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.