

FILED MAY 7, 1940  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4075

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Carroll Co  
(b) City or town Bosworth Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
At Daughter home - in Bosworth 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Rural  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20<sup>th</sup>  
year 1940 hour 11 minute 20 P. M.  
21. I hereby certify that I attended the deceased from Mar 1st to April 20, 1940  
that I last saw him alive on April 20, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy with hemorrhage  
Duration 48 hrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?  
129  
While at work? ✓ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Dr. Ross Brown (M. D. or other)  
Address Bosworth Mo Date signed Apr 20

3. (a) PRINT FULL NAME John Andrew Taylor 460

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alice Budwell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 11 1866  
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name W. J. Taylor

13. Birthplace Keok (City, town, or county) (State or foreign country)

14. Maiden name Rebecca Wible

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. A. Williams

(b) Address Bosworth Mo

17. (a) Wharton (b) Date thereof April 23-40  
(Burial, or cremation) (Month) (Day) (Year)

(c) Place: burial or cremation Wharton Cemetery

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

(b) Address Bosworth Mo

19. (a) Apr. 21 1940 (b) Mrs. A. G. Brown  
(Date received local registrar) (Registrar's signature)

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

7  
2  
0

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed *1/2/40*

**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 *David J. Edwards*

Licensed Embalmer No. *3265*

P. O. Address *Bosworth*

**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.**