

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21 N.C. S 14811  
State File No. \_\_\_\_\_

MAY 17 1940  
Registration District No. 90

Primary Registration District No. 5408

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Dunklin County, Mo  
(b) City or town \_\_\_\_\_  
(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 \_\_\_\_\_  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Dunklin  
(c) City or town Rural  
(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 Willis Oscar Taylor  
3. (b) If veteran,  name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 25 day March  
year 1940 hour 9 minute 15 P.M.

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Leona Taylor 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb 25 1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec - 1, 1938, to March 25, 1940  
that I last saw him alive on 3 - 22, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 1 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cancer of Throat Duration ab. 18 mo.

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

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

10. Usual occupation Farming

Major findings: Frozen section showed carcinoma  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Van Taylor  
13. Birthplace Stout Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Mullins  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

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? 267  
\_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

16. (a) Informant's own signature Leona Taylor  
(b) Address City and Mo  
17. (a) Burial (b) Date thereof 3-26-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_  
18. (a) Signature of funeral director W. Daniel  
(b) Address Edward Missouri  
19. (a) May 3-1940 (b) W. Daniel  
(Date received local registrar) (Registrar's signature)

23. Signature W. Daniel (M. D. or other) \_\_\_\_\_  
Address Edward Mo Date signed 3-28-40

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. 2,

District File Number 540-105

Date Filed 5/18/40

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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.