

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.

Registration District No. 508

Primary Registration District No. 5675

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Rural - Jackson Township
(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 2
(Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME John Q. Taut 304

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Taut 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Mar. 24 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Taswell Co. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John L. Taut

18. Birthplace Fleming Co. N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Unknewen

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

16. (a) Informant's own signature John Q. Taut

(b) Address Box 283 Chillicothe, Mo.

17. (a) Burial (b) Date thereof 4/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lock Springs, Mo.

18. (a) Signature of funeral director James Jordan

(b) Address Chillicothe, Mo.

19. (a) 4-15-40 (b) W. H. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1940 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 9
9, 1940 to April 13, 1940
that I last saw him alive on April 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
Caecum (of colon) of stomach Duration _____

Due to _____

Due to _____ 46

Other conditions (Includes pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

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? Yes

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. H. ... (M. D. or other) _____

Address Chillicothe, Mo. Date signed 4/15/40

RECEIVED

District Health Officer No. 11,
District File Number ⁵⁻⁴⁸⁻²⁰⁴ 1940

Date Filed MAY 9 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, or by

Jas Gordon

Registered Apprentice No.

working under my personal supervision.

Signed

Jas Gordon

Licensed Embalmer No. 1870

P. O. Address Phillips M

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.