S. No. 2
-11-10-39
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P I X21492

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

FILED SEP 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28725

Registration District No. 398 Primary Registration District No. 5554 Registrar's No. 221

1. PLACE OF DEATH:

(a) County: Jackson Blue Springs

(b) City or town: Maywood Blue " (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1507 Hardy Ave Maywood (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community about 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Maywood Missouri (If outside city or town limits, write "RURAL")

(d) Street No.: 1507 Hardy ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Mattie Lavinia Taylor

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: White

6. (a) ~~Single~~, widowed, ~~married~~, divorced: Widowed

6. (b) Name of husband or ~~wife~~: Charles T. Taylor

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: July (Month) 2 (Day) 1873 (Year)

8. AGE: Years 67 Months 2 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace: Westpoint (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business: ____

FATHER
12. Name: Don't Know
13. Birthplace: ____ (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name: ?
15. Birthplace: ____ (City, town, or county) ____ (State or foreign country)

16. (a) Informant: Mrs. Ralph M. Stark
(b) Address: Chicago, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sep 6, 1940 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Boonville Missouri

18. (a) Signature of funeral director: O. E. Mitchell
(b) Address: 310 N. Main Independence Mo

19. (a) Sept 5 40 (Date received local registrar) (b) F. L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 4 year 1940 hour 12 minute 30-a M.

21. I hereby certify that I attended the deceased from Aug 13, 1940, to Sept 4, 1940, that I last saw him alive on Sept 3, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of the Stomach	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Mitral insufficiency	unknown

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? —
While at work? — (Specify type of place) (e) Means of injury: —

23. Signature: J. N. Hill, M. D. (M. D. or other)
Address: 1430 Hedges Ave, Independence, Mo. Date signed 9/4/40.

(Licensed Embalmer's Statement on Reverse Side)

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 me

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

working under my personal supervision.

Signed Henry D. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence, 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.