

Registration District No. 875 Primary Registration District No. 3039

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1229 N Commercial St 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 years Nevada
(Specify whether years, months or days) 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1229 N. Commercial
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME CORA TAYLOR 460
(b) If veteran, name war no (c) Social Security No. 500-05-9084

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
7. Birth date of deceased Nov 25 1882
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Washington Co, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name unknown 9
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Taylor
(b) Address 1229 N Commercial

17. (a) Burial (b) Date thereof Aug 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerwood Cmet

18. (a) Signature of funeral director First Funeral Home
(b) Address Nevada Mo

19. (a) 8-22-40 (b) Allen V. Stage
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 1940 hour 7 1/2 minute Noon M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on 8-12-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Adeno-Carcinoma Cervix & metastases 149

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 8 months of death)

Major findings: Of operations None
Of autopsy None

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? 795
(Specify type of place) While at work? (a) Means of injury _____

23. Signature [Signature] (M.D. or other) 1
Address Nevada Mo Date signed 8-14-40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1265

Date Filed 9-5-40

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

H. B. Terry

Licensed Embalmer No. 1760

P. O. Address Nevada - 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.