No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31529

LED OCT 12 1940

Registration District No. 089

Primary Registration District No. 5131

Registrar's No. 289

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Route # 4 (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
In this community 36 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Route # 4 Poplar Bluff, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. Route # 4 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Virginia 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 married

6. (b) Name of husband or wife F. B. Taylor

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased September (Month) 20 (Day) 1871 (Year)

8. AGE: Years 69 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Vandalia, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation House wife 9

11. Industry or business 9

FATHER
12. Name E. B. Greogg
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Harris
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant F. B. Taylor
(b) Address Route # 4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Greer-Croy
(b) Address Poplar Bluff, Missouri

19. (a) 9-30-40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1940 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from Feb. 19 40 to Sept. 22 19 40 that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	
Diabetes Mellitus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 59	

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

23. Signature [illegible] (M. D. or other)
Address Poplar Bluff, Mo. Date signed 9/23/40

(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 B.J.Brentlinger, Registered Apprentice No. 208 working under my personal supervision.

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.