S. No. 2
-11-10-39
5-17-39
P I X21492

RECD OCT 18 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32466

Registration District No. 499 Primary Registration District No. 5664 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Linneus Rural Clay Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None 3 (Specify whether years, months or days)

In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 1302 East 11th st.
(If rural, give location)

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

3. (a) PRINT FULL NAME Eliza Jane Taylor

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John Taylor

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

7. Birth date of deceased July (Month) 2 (Day) 1866 (Year)

8. AGE: Years 74 Months 2 Days 17 If less than one day ____ hr. ____ min.

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

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name Christian Harter
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary C. Tolson
15. Birthplace Linn Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Flora Brown
(b) Address Linneus Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Sept 21 1940 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Linneus cem

18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Mo

19. (a) 9-20-1940 (Date received local registrar) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1940 hour 11:00 minute a M.

21. I hereby certify that I attended the deceased from Sept 19, 1940, to Sept 19, 1940; that I last saw he alive on Sept 19, 1940, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	3 hr
Due to: Arteriosclerosis & hypertension	
Due to:	
Other conditions (Include 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) Dr
Address Linneus Mo Date signed 9-21-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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 Frank L. Smiley, Registered Apprentice No. _____ working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

P. O. Address Wheeling 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.