

10-39
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121492

FILED OCT 18 1940

Registration District No. 592

Primary Registration District No. 4350

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery City, Mo.
(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 no (Specify whether
In this community 65 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME SAMUEL GRANT TAYLOR

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race Caucasian 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Drain Taylor 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Sept 17 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months no Days 18 If less than one day hr. _____ min. _____

9. Birthplace Montgomery Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Laborer

11. Industry or business _____

12. Name Creed Taylor

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 Ella Drain Taylor

(b) Address Montgomery City, Mo

17. (a) Burial (b) Date thereof Oct 3 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City, Mo

18. (a) Signature of funeral director J. W. Maston

(b) Address Montgomery City, Mo

19. (a) Oct 1, 40 (b) Pauline McFarlane
(Date received local registrar) (Registrar's signature)

522 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30th
year 1940 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from Chronic Case, 19____;
that I last saw him alive on Sudden Death, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Gun - shot
Wound of left temple and head 9-30-40
Duration

Due to 12 gauge - All Bassell Shotgun
1 shot - 1/4 g. Powder

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) suicide

(b) Date of occurrence Sept. 30, 1940

(c) Where did injury occur? Montgomery City, Montgomery, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home - kitchen

While at work? no (Specify type of place) (e) Means of injury 12ga shot-gun

23. Signature E. J. T. Anderson, M.D. (M. D. or other) M.D.
Address Montgomery City, Mo Date signed 10-1-40

Coroner of Montgomery Co.

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

MOTHER FATHER

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 Joseph A. Marlowe
Licensed Embalmer No. 3658
P. O. Address Montgomery, Ala.

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

If this body is not embalmed, above space should be left blank.