No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35309

Registration District No. 318 — FILED NOV 12 1940 — Primary Registration District No. 2001 — Registrar's No. 826

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1935 N. Weller (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 1935 N. Weller (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Hattie W. 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 Married
6. (b) Name of husband or wife Ray Taylor
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased June (Month) 1 (Day) 1875 (Year)

8. AGE: Years 65 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Polk County Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business In Home
FATHER
12. Name Gove Anglin
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Ray J. Taylor
(b) Address 1935 N. Weller Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-40 (Month) (Day) (Year)
(c) Place: burial or cremation Eastlawn Cemetery
18. (a) Signature of funeral director Alma Lohmeyer
(b) Address Springfield Mo
19. (a) 10-11-40 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9 year 1940 hour 7:30 minute P. M.
21. I hereby certify that I attended the deceased from September 1, 1940, to October 9, 1940 that I last saw her alive on October 9, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	3 years
Due to 92C	
Due to	
Other conditions Hypostatic Bronchial Pneumonia (Include pregnancy within 3 months of death)	10 days

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 William Hampson (M. D. or other) EA
Address 120 Public Square Springfield, Mo Date signed 10/12/40

(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 C. C. George, Registered Apprentice No. 204 working under my personal supervision.

Signed Lewis G. Schaaf

Licensed Embalmer No. 3802

P. O. Address Springfield, M

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

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