

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

38618

Registration District No. 290

Primary Registration District No.

3408 474

Registrar's No.

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

1. PLACE OF DEATH

(a) County Dunklin  
(b) City or town Senath  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Kenneth DeWayne Taylor

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased Nov 3 - 1939  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 11 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Oliver Lee Taylor

13. Birthplace Carroll Co. Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Pauline M. Carter

15. Birthplace Mo. Kenzie Tenn.  
(City, town or county) (State or foreign country)

16. (a) Informant Oliver L. Taylor

(b) Address Senath Mo.

17. (a) \_\_\_\_\_ (b) Date thereof 11-3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Senath Mo.

18. (a) Signature of funeral director Daniel Samuel

(b) Address Senath Mo.

19. (a) Nov. 5 - 1940 (b) D. S. McDaniel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin  
(c) City or town Senath  
(If outside city or town limits write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7  
year 1940 hour 5 minute \_\_\_\_\_ a.m.

21. I hereby certify that I attended the deceased from Oct 26  
1940 to Nov 7, 1940  
that I last saw him alive on Nov 1, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Sora Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Pertussis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence 9

(c) Where did injury occur? 0 (City or town) (County) (State)

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

2630

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury 0

23. Signature D. S. McDaniel (M. D. or other) 1

Address Senath Mo. Date signed 11-3-40

Duration 3 days

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

**RECEIVED**

District Health Officer No. 2

District File Number 1240-18

Date Filed 12/9/4

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**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.....

*R. P. Grock*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*R. P. Grock*

Licensed Embalmer No. 4106

P. O. Address Senath Md

**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.**