DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 16 1940

Registration District No. 609

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5808

State File No. 39364

Registrar's No. 138.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County NEWTON

(b) City or town NEOSHO NEOSHO Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
NEWTON COUNTY INFIRMARY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 YEARS 3 (Specify whether years, months or days)

In this community 45 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

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

(d) Street No. NEWTON COUNTY INFIRMARY
(If rural, give location)

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

3. (a) PRINT FULL NAME ANTHONY W. TAYLOR.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife RUTH POOR

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

7. Birth date of deceased OCT (Month) 8 (Day) 1866 (Year)

8. AGE: Years 74 | Months 1 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace JAY COUNTY (City, town, or county) INDIANA (State or foreign country)

10. Usual occupation RAIL ROOD SECTION 1

11. Industry or business

FATHER
12. Name SAMUEL S. TAYLOR. 1
13. Birthplace UNKNOWN (City, town, or county) OHIO (State or foreign country)

MOTHER
14. Maiden name SARAH McKINNEY 1
15. Birthplace JAY COUNTY (City, town, or county) INDIANA (State or foreign country)

16. (a) Informant's own signature Ant C Taylor

(b) Address 511 Marr Neosho Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV (Month) 15 (Day) 1940 (Year)

(c) Place: burial or cremation 100F CEMETERY

18. (a) Signature of funeral director Harley Thompson

(b) Address Neosho Mo

19. (a) 12-2-40 (Date received local registrar) (b) Oscar R. Sale, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER Day 13 year 1940 hour ..... minute 5:10A M.

21. I hereby certify that I attended the deceased from Sept 1 - 1940, 19..., to Nov 13, 1940 that I last saw him alive on Nov 13, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death chronic nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none.

Duration: 6 months

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 R C Lawson (M. D. or other)

Address Neosho Mo Date signed 11-15-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1940-3012
Date Filed DEC 13 1940

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 Gail K. Gay

Licensed Embalmer No. 4155

P. O. Address Neosho Mo.

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, above space should be left blank.