

Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 176

FILED DEC 12 1940

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
627 W. Eastwood  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community About a year & a half. (Specify whether years, months or days) 1

3. (a) PRINT FULL NAME Mary Ellen Taylor

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife George H. Taylor 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased July 27, 1890  
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Redding Iowa  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

11. Industry or business "  
12. Name James Phipps  
13. Birthplace Redding, Iowa  
(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 Melana Gurditt  
(b) Address Marshall Mo

17. (a) Burial (b) Date thereof Nov. 10 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Int. O'Leary Cem

18. (a) Signature of funeral director J. J. Sullivan  
(b) Address Marshall Mo

19. (a) 11-27-40 (b) Mary Kent  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline  
Marshall  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. 627 W. Eastwood  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26  
year 1940 hour 9 minute 20 P. M.  
21. I hereby certify that I attended the deceased from November 26, 1940 to Nov 26, 1940, that I last saw him alive on Nov 26, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy  
Due to unknown  
Due to SH  
Other conditions unknown  
(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) \_\_\_\_\_  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature John L. Lawrence (M. D. or other) \_\_\_\_\_  
Address Nov 27 - 40 Date signed \_\_\_\_\_

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

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 12-12-40

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 *J. Leslie Murray*  
Licensed Embalmer No. *3235*  
P. O. Address *Madison*

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, fact should be so stated above.