No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG JAN 5 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41741

Registration District No. 29 Primary Registration District No. 5740 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Barry Tlst Cook 2

(b) City or town Cassville (Rural) (If outside city or town limits, write "RURAL" and name of township) 2

(c) Name of hospital or institution: none (If not in hospital or institution, write street number or location) 2

(d) Length of stay: ~~In hospital or institution~~ (Specify whether In this community 2 months 14 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Cassville (Rural) (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 Bertha Ann 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 Single

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased May (Month) 13 (Day) 1940 (Year)

8. AGE: Years 0 Months 2 Days 14 If less than one day - hr. - min.

9. Birthplace Barry County (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation none 1

11. Industry or business none 0

FATHER
12. Name Harry Taylor
13. Birthplace (City, town, or county) Ark. (State or foreign country)

MOTHER
14. Maiden name Addie Wallace
15. Birthplace Newton County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Harry Taylor

(b) Address Cassville, Mo. R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 28 (Day) 1940 (Year)

(c) Place: burial or cremation Homer Cemetary

18. (a) Signature of funeral director Horne-Culver

(b) Address Cassville, Mo.

19. (a) (Date received local registrar) (b) Geo. W. Newman, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th year 1940 hour 5:40 minute P. M.

21. I hereby certify that I attended the deceased from July 12, 1940, to July 26, 1940 that I last saw her alive on July 26, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mastarditis	1 week
Due to atitis media	2 "
Pelvic abscess	3 days
Due to atitis media	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations operated by Dr. Post, Joplin, Mo.

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)

30 While at work? (e) Means of injury 3

23. Signature [illegible] (M. D., other)

Address Cassville, Mo. Date signed 7/31/40

(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 J. C. Canada, Registered Apprentice No. 225 working under my personal supervision.

Signed J. C. Culver

Licensed Embalmer No. 3584

P. O. Address Caruville, Mo.

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.