

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1751
State File No. _____
Registrar's No. 1

Registration District No. 78 Primary Registration District No. 4046

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Rockport
(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 _____
In this community 53 yrs. 8 mo. 26 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Rockport
(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 LULA TAYLOR
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 16 year 1941 hour 1 minute 20 M.

4. Sex Female 5. Color or race negro
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Roscoe Taylor
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Jan 10, 1941, to Jan 16, 1941, that I last saw her alive on Jan 15, 1941, and that death occurred on the date and hour stated above.

7. Birth date of deceased 4-21-1887
(Month) (Day) (Year)
8. AGE: Years 53 Months 8 Days 25 If less than one day hr. _____ min. _____

Immediate cause of death Diabetes + gangrene
Due to _____
Due to 121

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

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Henry Jewell
13. Birthplace Rockport, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lucie Boulson
15. Birthplace Rockport, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Marjorie Johnson
(b) Address Columbia, Missouri
17. (a) Burial (b) Date thereon Jan 19, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rockport, Mo.
18. (a) Signature of funeral director Stewart P. Porter
(b) Address Columbia, Missouri
19. (a) Jan 28 1941 (b) Mary M. Angell
(Date received local registrar) (Registrar's signature)

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 Od Moon (M. D. or other) D
Address 301 N. 5 St Date signed 1-18-41

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

1000

JAN 26 1970

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

Edward P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, Mo.

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, fact should be so stated above.