

FILED FEB 25 1941
Registration District No. **729**

Primary Registration District No. **4484**

Registrar's No. **1**

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

1. PLACE OF DEATH:
 (a) County Randolph
 (b) City or town Cairo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 In this community 2 Yr. 10 Mo. 9 Days. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Jane Taylor
 (b) If veteran, name war None
 (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 _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February, 24, 1938.
(Month) (Day) (Year)

8. AGE: Years 2 Months 10 Days 9
 If less than one day hr. _____ min. _____

9. Birthplace Cairo Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____
MOTHER { 12. Name Hubert D. Taylor
 13. Birthplace Randolph Co. Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Eather Shaw
 15. Birthplace Randolph Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hubert Taylor
 (b) Address Cairo Missouri
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5, 1941.
(Month) (Day) (Year)
 (c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director Snow Funeral Home
 (b) Address Moberly Missouri
 19. (a) Feb 10-41 (Date received local registrar) (b) J. B. Allen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Cairo
(If outside city or town limits, write "RURAL")
 (d) Street No. None
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 2nd
 year 1941 hour 11 minute 50 P.M.
 21. I hereby certify that I attended the deceased from December 31, 1940 to Jan 2, 1941
 that I last saw her alive on Jan 2, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
 Duration 17 days
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 5 months of death) _____

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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?
 While at work? 658 (Specify type of place) (e) Means of injury 2
 23. Signature C. A. Stujewski (M. D. or other) D.O.
 Address South Sammie, Mo. Date signed Jan 4, 1941

RECEIVED

Health Officer

District File Number 2-41-460

Date Filed FEB 27 1941

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 *R. M. Cater*

Licensed Embalmer No. *4117*

P. O. Address *Moberly 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, above space should be left blank.