

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.

Registration District No. 104

Primary Registration District No. 4557

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Farcher
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Farcher
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 068 years

3. (a) PRINT FULL NAME JAMES TAYLOR

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Corra Farnum 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 4 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
year 1941 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from Dec 18, 1940, to Feb 15, 1941;
that I last saw him alive on Feb 15, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 day
Due to Acute Nephritis 6 WK
Due to Influenza

Other conditions (Include pregnancy within 3 months of death) 300

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years 74 Months 7 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Timonoc, CANADA
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Samuel Taylor
18. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Mary Magaly
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James Taylor

(b) Address Farcher Mo

17. (a) Burial (b) Date thereof Feb 19, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laddonia, Mo

18. (a) Signature of funeral director W. Spates

(b) Address W. Spates Mo

19. (a) Feb 18 1941 (b) R. S. Caldwell M.D.
(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?
9 CICI
While at work? _____ (Specify type of place) (a) Means of injury _____

28. Signature R. S. Caldwell (M. D. or other) MD
Address Laddonia Mo Date signed 2/16/41

RECEIVED

District Health Officer No. 10

District File Number 3-41-530

Date Filed MAR 10 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 W B Waters

Licensed Embalmer No. 35169

P. O. Address W. W. Holden

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.