

FEB MAR 24 1949

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6198**

Registration District No. **186**

Primary Registration District No. **5078**

Registrar's No. **2**

**1. PLACE OF DEATH:**  
 (a) County Bates  
 (b) City or town Bates  
 (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 43  
 In this community 43  
 years, months or days

**3. (a) PRINT FULL NAME** William H. Taylor  
 (b) If veteran, name war no  
 (c) Social Security No. none

4. Sex male  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 (b) Name of husband or wife Jessie Taylor  
 (c) Age of husband or wife if alive 15 54  
 (Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>86</u>	<u>4</u>	<u>9</u>	hr. min.

9. Birthplace Ind.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation club manager

**11. Industry or business**  
**MOTHER FATHER**  
 12. Name Harry Taylor  
 13. Birthplace Ind.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Hightman  
 15. Birthplace Ind.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clyde W. & Martha  
 (b) Address Amoret MO

17. (a) BURIAL (b) Date thereof Feb. 26 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Adam Howell

18. (a) Signature of funeral director Arthur & Margaret  
 (b) Address Amoret MO  
 19. (a) Feb. 26 (b) H. C. A. Leach  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Bates  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 9 miles N.E. Amoret  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Feb day 24  
 year 1941 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 2, 1940 to Feb 24, 1941;  
 that I last saw him alive on Feb 23, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death General Ranibity  
Broncho-pneumonia  
 Due to \_\_\_\_\_  
 Due to Chronic Cystitis  
+ Supra-pubic fistulae  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations none  
 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? \_\_\_\_\_

23. Signature Carte W. Bates (M. D. or other) C.M.A.  
 Address Bates mo Date signed 2/25/41  
 (Specify type of place) (e) Means of injury \_\_\_\_\_

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

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.

RECEIVED

District Health Officer No. 7,  
District File Number 3-41-562  
Date Filed 3-20-41

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

Not Embalmed  
working under my personal supervision.

Registered Apprentice No.....

Signed

L. H. Mangold

Licensed Embalmer No.

3610

P. O. Address

Amundstain 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