

No. 2
4-13-40
5-17-39
I X23159

MAR 11 1941

Registration District No. 918

Primary Registration District No. 2001

Registrar's No. 142

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 947 Hamilton 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

3. (a) PRINT FULL NAME MATELDA KATHERINE TAYLOR
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex Female 5. Color of race white
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Unknown
 6. (c) Age of husband or wife if alive Dec years
 7. Birth date of deceased July 16 1872
(Month) (Day) (Year)

8. AGE: Years 1 68 Months 7 Days 3
 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business House keeping

12. Name Arch Jones

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Carney Caliz Reed

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant J. Paul Taylor

(b) Address Springfield, Mo.

17. (a) Buried (b) Date thereof Feb 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director A. W. Hingner
 (b) Address Springfield, Mo.

19. (a) 2-22-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Greene 39
 (c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 947 Hamilton
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
 year 1941 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2/11, 1941, to 2/19, 1941;
 that I last saw her alive on 2/14, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular heart lesion
 Duration 1 yr or more

Due to Gen. Cancer

Due to Myocardial infarction

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? no (Specify type of place)
 (e) Means of injury no

23. Signature W. F. Freeman (M. D. or other) 0
 Address Springfield Date signed 2/20/41

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

William M. Rhode
.....
Licensed Embalmer No. *40717*
.....
P. O. Address *Bung Hill*
.....
T

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.