

No. 2  
4-13-40  
5-17-39  
I X2315

REG MAR 17 1941  
Registration District No. \_\_\_\_\_

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County JASPER  
 (b) City or town Joplin  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2106 Jackson  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 10 years  
 years, months or days

3. (a) PRINT FULL NAME CYLINDA TAYLOR  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife R. S. Taylor 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased September 21 1870  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>4</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Springfield Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Daniel Wallace  
 13. Birthplace Unknown Ohio  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Foster  
 15. Birthplace Unknown Texas  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vera Sanders  
 (b) Address 2106 Jackson Joplin, Mo

17. (a) Burial (b) Date thereof Feb. 24 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Louise Mortensen

(b) Address 1502 Joplin Joplin, Mo

19. (a) 2-21-41 (b) Ed W. James  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 49  
 (a) State Missouri (b) County JASPER 2  
 (c) City or town Joplin 5  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2106 Jackson  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18  
 year 1941 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 6  
 1941 to Feb 18 1941  
 that I last saw her alive on Feb 18 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death uraemia  
 Due to chr. cholecystitis and cirrhosis of liver  
 Due to \_\_\_\_\_

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

Major findings:  
 Of operations none  
 Of autopsy none

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) no  
 (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?  
no

(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Herman A. LaForce (M. D. or other) MD  
 Address 667 Main Joplin Mo Date signed 2-20-41

Duration 1 week.  
2 yrs  
  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

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

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 F. M. Jones  
Licensed Embalmer No. 2319  
P. O. Address Joplin, 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.