

No. 23
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 19 1941
61 MAR 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7416

Registration District No. 467 Primary Registration District No. 4280 State File No. 11 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Laurens
(b) City or town Arrosa Mo
(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 (Specify whether)
In this community 47 yr years, months or days (Specify whether)

3. (a) PRINT FULL NAME L. W. Taylor
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 14 1872 (Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 14 If less than one day hr. _____ min. _____

9. Birthplace not known (City, town, or county) (State or foreign country) ? G

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country) G
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) G

16. (a) Informant Albert Taylor
(b) Address 217 W St Louis Arrosa Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Moss Hill

18. (a) Signature of funeral director Asa J. Marsh
(b) Address 229 W 1st Church Arrosa Mo

19. (a) 3-1-41 (Date received local registrar) (b) R. D. Cowan MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laurens 55
(c) City or town Arrosa Mo 217 W St Louis 1 (If outside city or town limits, write "RURAL")
(d) Street No. 217 west St Louis 1 (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 12 year 1941 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 28 1940 to Feb. 12 1941; that I last saw him alive on Feb. 12 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary of liver Duration ?
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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) _____
(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? WID
While at work? WID (Specify type of place) (e) Means of injury _____
23. Signature R. D. Cowan (M. D. or other) D
Address _____ Date signed _____

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

RECEIVED

District Health Officer No. 61

District File Number 341-368

Date Filed MAR 5 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.....

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

Signed *Brian L. Marsh*.....

Licensed Embalmer No. *3812*.....

P. O. Address *Anna 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.

