

FILED MAR 19 1941

Registration District No. 142 Primary Registration District No. 5693 State File No. Registrar's No.

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

1. PLACE OF DEATH
 (a) County Mc Donald
 (b) City or town Rural Erie Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Neosho Mo. R.F.D. 21
(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 15 yrs.

3. (a) PRINT FULL NAME John Teafetaylor
 3. (b) If veteran, name war. -- 3. (c) Social Security No. --

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Teafetaylor 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 18 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Teafetaylor
 13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Emeline Hitchamoon
(City, town, or county) (State or foreign country)

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Teafetaylor

(b) Address Neosho RFD 2

17. (a) Burial (b) Date thereof 2-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harmon Cem

18. (a) Signature of funeral director W.M. Osborn
 (b) Address Wheaton, Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1941 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from Dec-1- _____, 1941, to Feb-27- _____, 1941, that I last saw him alive on Feb-13- _____, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 3 yrs.

Due to _____
 Due to _____
 Other conditions 17/10
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 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? _____

4/5/41
 While at work? _____ (Specify type of place)
 Means of injury _____
 23. Signature Cardwell (M. D. or other) _____
 Address Stella Mo Date signed 3/5/41

RECEIVED

District Health Officer No. 6,

District File Number 341-459

Date Filed MAR 13 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.....

Wm Morris Poque....., Registered Apprentice No.....
working under my personal supervision.

Signed Wm Morris Poque.....

Licensed Embalmer No. B 492.....

P. O. Address Wheaton 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 75-23

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 142

Primary Registration District No. 5693

Registrar's No.

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

RENEWAL NOTICE

1. PLACE OF DEATH:
(a) County Mc Donald
(b) City or town Eric Twp
(If outside city or town limits, write "RURAL" and name of township)
Name of hospital or institution:
(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 John Teafetaylor
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 9 If less than one day _____ hr _____ min

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5/10/41 (b) Chas. W. Williams (Date received local registrar) (Registrar's signature)

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

20. DATE OF DEATH: Month Feb day 27 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature C. C. Cardwell (M. D. or other) _____

Address Stella Mo. Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

