

APR 10 1941

Registration District No. **89**Primary Registration District No. **5135**Registrar's No. **142**

1. PLACE OF DEATH:

(a) County **BUTLER**
 (b) City or town **HENDRICKSON**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Blair Hospital**
 (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 **SARAH CHARLOTTE TAYLOR**3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex **FEMALE** /
race **WHITE**6. (a) Single, widowed, married,
divorced **WIDOWED**6. (b) Name of husband or wife
GEORGE TAYLOR6. (c) Age of husband or wife If
alive _____ years7. Birth date of deceased **SEPT 18 1857**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
83 5 8 hr. min.9. Birthplace **CLAY Co ILL**
(City, town, or county) (State or foreign country)10. Usual occupation **HOUSEWIFE**

11. Industry or business _____

MOTHER FATHER
 12. Name **UNKNOWN**
 13. Birthplace **UNKNOWN** **9**
 (City, town, or county) (State or foreign country)
 14. Maiden name **UNKNOWN**
 15. Birthplace **UNKNOWN** **9**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Alma Hoffman**(b) Address **Hendrickson Mo**17. (a) **BURIAL** (b) Date thereof **MAR 27 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **HAMTOWN CEM**18. (a) Signature of funeral director **N. J. Phelps**(b) Address **Paplar Bluff Mo**19. (a) **3/31/41** (b) **W. State Lutz**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **BUTLER**
 (c) City or town **HENDRICKSON MO**
 (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 **MAR** day **26**
year **1941** hour **6** minute **40 P M.**21. I hereby certify that I attended the deceased from
1-15, 19**41** to **3-26**, 19**41**;
that I last saw **her** alive on **3-1**, 19**41**;
and that death occurred on the date and hour stated above.Immediate cause of death **Leucemia**
leucemia
& related

Due to _____

Due to _____

Other conditions
(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 sta-
tistically

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 **Wm. H. Henschen** (M. D. or other) **W**
Address **Paplar Bluff Mo** Date signed **3-31-41**

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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.....

N. P. Phelps

Licensed Embalmer No.....

3231

P. O. Address.....

Caplan Bleuff me

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 89

Primary Registration District No. 51305

Registrar's No. 1412

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Black River T. P.
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
(Specify whether _____)
In this community _____
years, months or days)

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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Charlotte Taylor
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

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

Immediate cause of death: Cancer of head & neck
Pancreas, liver & stomach
Due to Primary seat of malignancy was head & neck
Due to pancreas

8. AGE: Years 83 Months 5 Days 8
If less than one day _____ hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death) 46
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

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 [Signature] (M. D. or other) _____

Address [Address] Date signed 6-11-41

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

SUPPLEMENTAL

S-10199 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.