

APR 10 1941

Registration District No. 318

Primary Registration District No. 2001

186

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:
(not hospitalized) 902 Nichols
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community since birth years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 902 Nichols Street,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? XXXX 0 years.

39
2
6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day March
year 1941 hour 2:45 PM minute _____ M.

21. I hereby certify that I attended the deceased from Feb 26
1941, to March 3, 1941;
that I last saw him alive on Feb 26, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death

Syphilis Congenital
Malnutrition

Duration

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations None

Of autopsy None

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? _____

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

23. Signature Dr. Newton Wakeman (M. D. or other) _____
Address Springfield, Mo. Date signed 3/3-41

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

3. (a) PRINT FULL NAME Freda May Taylor

3. (b) If veteran, name war XXXX No 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced infant

6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XXXX years

7. Birth date of deceased Dec. 29, 1940
(Month) (Day) (Year)

8. AGE: Years 0 Months 2 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation infant

11. Industry or business XXXX

12. Name Charles A. Taylor

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

14. Maiden name May Tabor

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

16. (a) Informant Charles A. Taylor

(b) Address 902 Nichols, Springfield, Mo.

17. (a) Burial (b) Date thereof March 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Missouri

19. (a) 3-3-41 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

M. L. Canaday

Licensed Embalmer No.....

3434

P. O. Address.....

Springfield, 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.

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