

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 210

1. PLACE OF DEATH:  
(a) County Butler Mo.  
(b) City or town Poplar Bluff Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Poplar Bluff Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 1/2 days  
(Specify whether  
In this community Life  
years, months or days)

8. (a) PRINT FULL NAME Jessie Marie Taylor.  
8. (b) If veteran, name war  8. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 9 1914  
(Month) (Day) (Year)

8. AGE: Years 27 Months 0 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Hendricks Co. Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Waitress.

11. Industry or business \_\_\_\_\_  
12. Name Charles Taylor  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Sophronia Roman  
15. Birthplace Rambour Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Sophronia Sturgis  
(b) Address Rambour, Mo.  
17. (a) Burial (b) Date thereof 5-22-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hendricks Co. Mo.  
18. (a) Signature of funeral director Frank Mintz  
(b) Address Poplar Bluff Mo.  
19. (a) 5/21/41 (b) Kate Lutz  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Butler  
(c) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL")  
(d) Street No. 107 S Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 20  
year 1941 hour 8:15 minute A.M.  
21. I hereby certify that I attended the deceased from 5-15-41 1941 to 5-20-41 1941  
that I last saw her alive on 5-20-41 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pertussis  
Due to Pelvic abscess  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations Free per in abdomen  
Of autopsy none

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? At work  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. M. Branch (M. D.)  
Address Poplar Bluff Mo. Date signed 5-20-41

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

12  
37

MOTHER, FATHER

1292

RECEIVED

District Health Officer No

District File Number 641-2

Date Filed 6/6/41

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, Erby

, Registered Apprentice No.

working under my personal supervision.

Signed

*Lynnan Sprinkle*

Licensed Embalmer No. 4013

P. O. Address

*Paylar Bluff*

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

State File No. 19653

Registration District No. 89

Primary Registration District No. 3007

Registrar's No.

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Butler Bluff  
(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)

3. (a) PRINT FULL NAME Jessie Marie Taylor

3. (b) If veteran name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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 27 Months 0 Days 11 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) \_\_\_\_\_ (b) \_\_\_\_\_ (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) Citizen of foreign country \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20  
year 1944 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.

Immediate cause of death Peritonitis Duration \_\_\_\_\_

Pelvic abscess  
Due to Granuloma

Due to 25'

Other conditions free pus in abdomen  
(Include pregnancies 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? \_\_\_\_\_

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

23. Signature Wm. H. Richardson (M. D. or other) \_\_\_\_\_

Address Butler Bluff Mo Date signed 7-22-44

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

MOTHER FATHER

SUPPLEMENTAL

19653