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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27651

Registration District No. 1 | Primary Registration District No. 1 | Registrar's No. 255

1. PLACE OF DEATH:

(a) County: Adair

(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Grim-Smith Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days) In this community: 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Coler

(c) City or town: Jefferson City, Rural (If outside city or town limits, write "RURAL")

(d) Street No.: Rt. 3 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Lula B. Taylor

3. (b) If veteran, name war: ---

3. (c) Social Security No.: ---

4. Sex: Fe.

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Harry Taylor

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: June (Month) 21 (Day) 1887 (Year)

8. AGE: Years 53 | Months 2 | Days 10 | If less than one day ___ hr. ___ min.

9. Birthplace: New Boston (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Domestic

FATHER

12. Name: Charles Albert Bailey

13. Birthplace: Owego (City, town, or county) New York (State or foreign country)

MOTHER

14. Maiden name: Abbie France

15. Birthplace: New Boston, Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: Harry Taylor

(b) Address: Jefferson City, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-31-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Council Bluffs, Iowa

18. (a) Signature of funeral director: Davis Funeral Home

(b) Address: Kirksville, Missouri

19. (a) Aug 31, 1941 (Date received by local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 31st August day: year: 1941 hour: 11:00 minute: a. M.

21. I hereby certify that I attended the deceased from August 30th 1941 to August 31, 1941; that I last saw her alive on August 31, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture Skull — Duration: 1 day

Due to: Automobile Accident

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): Accident

(b) Date of occurrence: August 30, 1941

(c) Where did injury occur? Schuyler Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Detour #63 (Specify type of place)

While at work? Was (e) Means of injury: Auto

23. Signature: A B Berryman (M. D. or other)

Address: Kirksville Mo Date signed: 8-31-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-41-1668
Date Filed SEP 16 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 Harold K. Kriga

Licensed Embalmer No. 4076

P. O. Address Kirkerville, O

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

o. 2B
3-21-41
X29288

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27651

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 253

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(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 years, months or days)
In this community

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 Lula B. 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 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 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 30 year 1941 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 Fractured skull — Duration
Due to Automobile accident
Due to Pt was in an automobile which did not allow right angle turn in road
Other conditions (Include pregnancy within 3 months of death) recent acute delirium
Major findings:
Of operations Trauma over
Of autopsy MDC 28

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) Accident
(b) Date of occurrence June 30 1941
(c) Where did injury occur? St Louis (City or town) Mo (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? Detour #63
While at work? was a passenger (Specify type of place) (c) Means of injury auto
23. Signature (M. D. or other)
Address Date signed

[illegible]