DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27734

Registration District No. 2-9. Primary Registration District No. 5038 Registrar's No. 103

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Washburn Twp. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether years, months or days)
In this community 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Washburn
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME VIRGIL HOMER TAYLOR

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARTHA 6. (c) Age of ~~husband~~ or wife if alive 66 years

7. Birth date of deceased JAN. (Month) 18th (Day) 1867 (Year)

8. AGE: Years 74 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation NURSERYMAN

11. Industry or business

FATHER
12. Name Wm J Taylor
13. Birthplace J Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Melissa Chitwood
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Martha A Taylor
(b) Address Washburn Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27th 1941 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Hyatt Hill Cem
(City or town) (County) (State)

18. (a) Signature of funeral director Horace Culver
(b) Address Cassville Mo.

19. (a) August 26, 1941 (Date received by local registrar) (b) Geo. W. Neuman, M.D. (Registrar's signature) By M. T.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1941 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2-3-37, 19..., to 8-22, 1941; that I last saw him alive on 8-22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	—
Due to Coronary Sclerosis	unk.
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)
(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?
(Specify type of place)
While at work? — (e) Means of injury —

23. Signature [illegible] (M. D.)
Address Cassville, Mo. Date signed Aug 26, 1941

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 941-1514
Date Filed SEP 15 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 R. Lee Bennett

Licensed Embalmer No. 4213

P. O. Address Caseville, Mo.

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

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