No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31819

Registration District No. 423 | Primary Registration District No. 4251 | Registrar's No. 34

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City ~~or town~~ KIMMSWICK MO Rock
(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
In this community About 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON
(c) City ~~or town~~ KIMMSWICK Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WILLIAM A. TAYLOR

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

4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CORENE TAYLOR
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased AUGUST (Month) 15 (Day) 1886 (Year)

8. AGE: Years 55 | Months — | Days 20 | If less than one day ___ hr. ___ min.

9. Birthplace PERRYVILLE (City, town, or county) MO (State or foreign country)
10. Usual occupation MERCHANT
11. Industry or business GROCERY BUSINESS

FATHER
12. Name PIUS TAYLOR
13. Birthplace PERRYVILLE (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name IDA MOORE
15. Birthplace PERRYVILLE (City, town, or county) MO (State or foreign country)

16. (a) Informant MRS. W. A. TAYLOR
(b) Address KIMMSWICK MO 0
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 8 - 1941 (Month) (Day) (Year)
(c) Place: burial or cremation ST VINCENT CEM. PERRYVILLE MO
18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK MO
19. (a) Sept 7 - 41 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5 year 1941 hour 1.15 minute A. M.
21. I hereby certify that I attended the deceased from 7-10- 1940, to 9-4- 1941; that I last saw him alive on 9-4- 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	5 min.
Due to: Coronary Artery disease	?
Due to: Coronary sclerosis, probably	some years.
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 0

23. Signature M. T. Morrison, M. D. (M. D. or other)
Address Kimmswick, Mo Date signed 9-7-41

(Licensed Embalmer's Statement on Reverse Side)

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

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 Daniel J. Mahn Jr., Registered Apprentice No. 297, working under my personal supervision.

Signed Elmer H. Pelletier

Licensed Embalmer No. 3571

P. O. Address Kennebunk 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.