

FILLED NOV 4 1941

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 287

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 years  
(Specify whether  
In this community 2 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1687 Jefferson  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6  
year 1941 hour 7 P.M. minute 0 M.  
21. I hereby certify that I attended the deceased from  
11-20, 1939 to 10-6, 1941  
that I last saw him alive on 10-6, 1941  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Samuel Houston 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 widowed  
6. (b) Name of husband or wife Adchie 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased, December 29 1859  
(Month) (Day) (Year)

Immediate cause of death: Pneumonia 2 days  
Due to chronic pneumonia  
suppurative 3 days  
Due to chronic endocarditis 3 days

8. AGE: Years 81 Months 9 Days 7 If less than one day hr. min.

9. Birthplace: Running Water Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

MOTHER FATHER { 12. Name Don't know  
13. Birthplace State 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace State 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hazel Waters

(b) Address Jefferson City Mo

17. (a) Buried (b) Date thereof Oct 8 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Van dehus

18. (a) Signature of funeral director Vandale W. Leaser

(b) Address Jefferson City Mo

19. (a) Oct 10 - 1941 (b) Norma Pichter  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1318  
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) (c) Means of injury

23. Signature F. W. Gillham (M. D. or other)

Address Jefferson City Mo Date signed 10/7/41

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Wm. B. Waters

Licensed Embalmer No. 4465

P. O. Address. Van Dusen

**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.**