

No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34823

Registration District No. 258

Primary Registration District No. 5406

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett, Mo
(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 none
In this community 10 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Kennett, MO - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi north east of Kennett
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES ALBERT TAYLOR
3. (b) If veteran, name war none
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 30
year 1941 hour 7 minute a M.

4. Sex MO 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna HANS TAYLOR
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased: JAN 20 1886
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day
55 - 9 - 10 - hr. min.

Immediate cause of death: Gun shot wound in left breast.
Due to accident happened while he was chumping over a fence with a gun.
Other conditions: shot of coroner July
(Include pregnancy within 3 months of death)

9. Birthplace MARBLE HILL MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
12. Name CANNON TAYLOR
13. Birthplace NOT KNOWN 4
(City, town, or county) (State or foreign country)
14. Maiden name CYNTHIA LAIRD
15. Birthplace NOT KNOWN 4
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
184 M
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Anna H. Taylor
(b) Address Kennett, Mo - R - 2
17. (a) BURIAL (b) Date thereof 10-1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation 542354

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Oct 30 1941
(c) Where did injury occur? Kennett, Dunklin Co Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Parabedian
(b) Address Kennett, Mo
19. (a) Oct 31 41 (b) Julia Blankenship
(Date received local registry) (Registrar's signature)

While at work? (Specify type of place) Means of injury _____
23. Signature George L. Moore DO F (M. D. or other)
Address Kennett, Mo Date signed Oct 30 1941

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

901

(Licensed Embalmer's Statement on Reverse Side)

Oct 30 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..... *J. Balmer*

Licensed Embalmer No. *2556-*

P. O. Address..... *Fennell, 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, fact should be so stated above.