No. 2
11-10-39
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WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35114

Registration District No. 374

Primary Registration District No. 2-20

Registrar's No.

1. PLACE OF DEATH:

(a) County Howard,

(b) City or town Rural

(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 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard, 045

(c) City or town Rural 0

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Henry Clay Taylor,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Willis Winn,

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October 14th 1859 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	0	2	hr. min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer,

11. Industry or business

FATHER
12. Name Ruben Taylor,
13. Birthplace Kentucky, (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Sarah E. Totton,
15. Birthplace Virginia, (City, town, or county) (State or foreign country)

16. (a) Informant Ruben Taylor.

(b) Address Roanoke, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Io-17th 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Roanoke, Cem.

18. (a) Signature of funeral director Guy T. Hadley.

(b) Address Fayette, Mo.

19. (a) 10-18-41 (Date received local registrar) (b) W. M. Sidenour (Registrar's signature)

551 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1941 hour 5 00 minute P. M.

21. I hereby certify that I attended the deceased from May 5 1941 to Oct 15 1941; that I last saw him alive on Oct 15 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Embolism L.	2 days
Due to Catarrhal Jaundice	10 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 P. V. Dreyer (M. D. or other) O. M. D.

Address Huntsville Mo Date signed 10/17/41

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 Guy T Harvey

Licensed Embalmer No. 2966

P. O. Address Fayette Mo

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.