

o. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38609

State File No.

Registration District No. 1439A

Primary Registration District No. 5588

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Johnson Rural
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
So. Holden Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 5-1
(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")
So Holden 2
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Maggie E. Taylor
3. (b) If veteran, name war
3. (c) Social Security None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James E Taylor 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased April 30 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 6 23 hr. min.

9. Birthplace Cherry Point Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Alexander B Loop
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Cynthia Susan Madden
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Opal Horstman
(b) Address 3727 State Kansas City, Kansas
17. (a) Burial (b) Date thereof Nov. 25 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shiloh Cemtery

18. (a) Signature of funeral director Sweeney-Phillips
(b) Address Warrensburg, Mo.
19. (a) Nov. 25-41 (b) Isola M. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1941 hour 5 minute A M.
21. I hereby certify that I attended the deceased from Jan 24
..... 1941, to Nov 23, 1941;
that I last saw h. alive on Nov. 23, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis Duration 10 mo
Due to
Due to

Other conditions Parasit & Brain has enlarged
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 30 R
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) (e) Means of injury
23. Signature OTB Hall (M. D. or other) 0
Address Warrensburg Mo. Date signed 11/23/41

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

(Licensed Embalmer's Statement on Reverse Side)

1001

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-10-41

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.....

Carl Priest

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Carl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg?

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.