

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

JAN 13 1942

Registration District No. 688

Primary Registration District No. 4412

Registrar's No. 25

1. PLACE OF DEATH:

(a) County PIKE
(b) City or town FRANKFORD
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution LIFE
In this community LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Frankford
(d) Street No.
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME WILLIAM HARVEY TAPLEY

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 MARRIED

6. (b) Name of husband or wife ANNA LEWELLEN TAPLEY 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased AUG 6 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 10 If less than one day hr. _____ min.

9. Birthplace FRANKFORD, PIKE Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business _____

12. Name PARKER TAPLEY

13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA PENIX

15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maybelle L. Porter
(b) Address Lawton, Okla.

17. (a) BURIAL (b) Date thereof Dec 18 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRANKFORD, Mo

18. (a) Signature of funeral director [Signature]

(b) Address Frankford, Mo

19. (a) Dec 22/41 (b) Matthie Russell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1941 hour 12 minute a M.

21. I hereby certify that I attended the deceased from Oct 6 1941 to Dec 16 1941; that I last saw him alive on Dec 16 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cranial Heart Disease

Due to _____

Due to _____

Other conditions 95C2
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____

Address Frankford, Mo Date signed 12/17/41

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

8200

RECEIVED

District Health Officer No. 10

District File Number 1-42-44

Date Filed JAN 9 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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.