

S. No. 2
A-1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF THE COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2763
Registrar's No. 4

FILED FEB 18 1942

Registration District No. 500

Primary Registration District No. 4303

58
0
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Laclede Jwn
(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 Four months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Orpha Taylor
3. (b) If veteran, name war XXXXX
3. (c) Social Security No. XXXXX

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
(b) Name of husband or wife William Taylor, (Dec.)
6. (c) Age of husband or wife if alive XXXX years
7. Birth date of deceased April 8 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 20
If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business XXXXXXXX

12. Name John Minor Botts

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

14. Maiden name Mary Ann Campbell

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

16. (a) Informant D. R Taylor

(b) Address Linneus, Missouri

17. (a) Burial (b) Date thereof 1/30/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laclede Cemetery

18. (a) Signature of funeral director James Gordon
(b) Address Lehlicock Mo

19. (a) Feb. 7, 1942 (b) Mrs. Vera Rowland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 21
(a) State Missouri (b) County Chariton
(c) City or town Sumner, (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th
year 1942 hour 12 minute 05 a. m.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw him alive on Jan 26 and that death occurred on the date and hour stated above. 1942

Immediate cause of death Uremia
Duration 10 days

Due to Chronic Int neph. X Yes
Right pyonephrosis 6 mos

Due to Colitis Yes

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None 131a

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) (e) Means of injury _____

23. Signature 66 Brock (M. D. or other) 2

Address Brookfield, Missouri Date signed _____

454 (Licensed Embalmer's Statement on Reverse Side)

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

James D Gordon

Licensed Embalmer No. *1870*

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