DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1942

Registration District No. 6 5 3

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4390

State File No. 3122

Registrar's No. 5

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Hayti
(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 all Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Hayti
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Charles David Taylor
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov. 9 1941 (Month) (Day) (Year)
8. AGE: Years ..... Months 2 Days 4 If less than one day ..... hr. ..... min.
9. Birthplace Hayti (City, town, or county) Mo (State or foreign country)
10. Usual occupation Infant
11. Industry or business Infant
FATHER
12. Name Leonard A Taylor
13. Birthplace Clarkton (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Alice Ruth Spivey
15. Birthplace Burlan (City, town, or county) Mo (State or foreign country)
16. (a) Informant Leonard A Taylor
(b) Address Hayti Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation Hayti Mo
18. (a) Signature of funeral director Ray Funeral Home
(b) Address Hayti Mo
19. (a) 1-14-42 (Date received local registrar) (b) Mrs. Opal McClosky (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13 year 1942 hour 10 minute A.M. M.
21. I hereby certify that I attended the deceased from Jan 8, 1942 to Jan. 13, 1942 that I last saw h. ex. alive on Jan 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchio-pneumonia	4 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 6
23. Signature A. G. Shiner (M. D. ~~or other~~)
Address Hayti, Mo. Date signed 1-14-42

(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.....

Not Embalmed, 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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3122

Registration District No. 653 Primary Registration District No. 4390 Registrar's No.

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Hayti
(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

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

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

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 9 (Day) 1878 (Year)

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

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. Day 13 year 1942 hour 1 P.M. minute 0 M.
21. I hereby certify that I attended the deceased from Jan 1942 to Jan 13, 1942 that I last saw him alive on Jan 12, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: a Broncho Pneumonia	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations:	
Of autopsy: not done	

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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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury

23. Signature Ayshire (M. D. ~~or other~~)
Address Hayti, Mo. Date signed

SUPPLEMENTARY