

FILED MAR 20 1942  
Registration District No. 625

Primary Registration District No. 3031

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Maryville Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Maryville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1122 North Walnut  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day \_\_\_\_\_  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Jan 3  
\_\_\_\_\_ 1942 to \_\_\_\_\_ 1942  
that I last saw her alive on Jan 3  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage  
Duration: 6 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: 830  
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? 0

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature B. F. D. Land (M. D. or other) M.D.  
Address Maryville Mo Date signed 1/6/42

3. (a) PRINT FULL NAME Eunice Ellen Taylor

3. (b) If veteran, name war None 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife W.C. Taylor 'Demand' 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 28 - 1862  
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Huf.

12. Name William Barrett

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

14. Maiden name Caroline Townsend

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

16. (a) Informant Mary L. Taylor

(b) Address 1122 N Walnut Maryville Mo

17. (a) Burial (b) Date thereof 1-6-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 951 South Main Maryville Mo

19. (a) 1-9-1942 (b) Mamie E. Clardy  
(Date received local registrar) (Registrar's signature)

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

74  
7  
2

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**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..... *William Campbell* .....

Licensed Embalmer No. *2620* .....

P. O. Address..... *Marshall 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.**