

Registration District No. _____

Primary Registration District No. **1**

I. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Perkville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Laughlin Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **43rd day**
(Specify whether
In this community _____
years, months or days)

9. (a) PRINT FULL NAME **Rose Taylor Edwards**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Fe** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Leslie Edwards** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept 17 1884**
(Month) (Day) (Year)

8. AGE: Years **57** Months **6** Days _____ If less than one day hr. _____ min.

9. Birthplace **Taylor Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Teacher**

11. Industry or business _____

MOTHER FATHER
12. Name **Jerry B Taylor**
13. Birthplace **Taylor Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Helen Young**
15. Birthplace **Perkville Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jennie Taylor Browning**
(b) Address **1570 Capital Mass Ave Perkville**

17. (a) **Perkville** (b) Date thereof **3/19/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Perkville Mo**

18. (a) Signature of funeral director **Perkville**

(b) Address **Perkville Mo**

19. (a) **April 1, 1942** (b) **Mr. J. Wagner**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Adair**
(c) City or town **Perkville**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **17**
year **1942** hour **4** minute **05 A.M.**

21. I hereby certify that I attended the deceased from **Dec 14 1942** to **March 17 1942**
that I last saw her alive on **March 16 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Wide spread cancer -**

Due to **Primary in rectum**

Due to _____
Other conditions: **H6d**
(Include pregnancy within 3 months of death)

Major findings: **Same as above**
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) (e) Means of injury _____

23. Signature **Paul Laughlin Jr** (M. D. or other) **D.O.**
Address **Perkville Mo** Date signed **3-17-42**

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

6661

056
1
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1079

RECEIVED

District Health Officer No. 10

District File Number 4-10-794

Date Filed APR 15 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 Dee Riley

Licensed Embalmer No. 4181

P. O. Address Kingville 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, above space should be left blank.