

No. 2
4-13-40
5-17-39
PI X28159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10627

State File No.

Registrar's No. 79

FILED APR 1 1942

Registration District No. 296

Primary Registration District No. 3014

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

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Prison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community Not known
years, months or days)

3. (a) PRINT FULL NAME FLOYD TAYLOR (53508)

3. (b) If veteran, name war World War #1 3. (c) Social Security No. none

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife Mollie Taylor 6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased April 18th 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 11 4 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mo. State Prison Records
(b) Address Jefferson City, Mo.

17. (a) Removed (b) Date thereof 3/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Opportunity, Mo.

18. (a) Signature of funeral director J. L. Heinrichs
(b) Address 3-22-42

19. (a) 3-22-42 (b) Normal Pechter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City,
(If outside city or town limits, write "RURAL")
(d) Street No. Missouri State Prison
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd
year 1942 hour 2 minute AM

21. I hereby certify that I attended the deceased from February 25th, 19 42, to March 22nd, 19 42, that I last saw h. im alive on March 22nd, 19 42, and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Peritonitis Duration 2 Mo

Due to Ascites Tuberculosis

Due to
Other conditions (Include pregnancy within 3 months of death) 15

Major findings: Tuberculosis Omentum and Mesentary
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 R. Russell (M. D. or other)
Address State Prison Jefferson City Date signed 3-22-42

MAR 31 1945

FEB 4 1946

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

Sylvester Dulle

Registered Apprentice No.

292

working under my personal supervision.

Signed

John F. Reinhold

Licensed Embalmer No.

3655

P. O. Address

Jefferson City, 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.