

Registration District No. 488

Primary Registration District No. 4266

Registrar's No.

53  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Wade County

(b) City or town Conway  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wade

(c) City or town Conway  
(If outside city or town limits, write "RURAL")

(d) Street No. X  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Oscar Taylor

3. (b) If veteran, name war X

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Iola Taylor

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 13 - 1872  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	no	21	<u>X</u> hr. <u>X</u> min.

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

10. Usual occupation laborer

11. Industry or business X

12. Name James Taylor

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

14. Maiden name Susan Edmondson

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

16. (a) Informant Mrs. Iola Taylor

(b) Address Conway, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Jan. 6 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Conway

18. (a) Signature of funeral director For Family

(b) Address Marshfield, Missouri

19. (a) May 8 - 1942 (Date received local registrar)

(b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4  
year 1942 hour \_\_\_\_\_ minute AM

21. I hereby certify that I attended the deceased from 12-20-1941 to 1-4-1942  
that I last saw him alive on 12-28-41 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease

Duration 0.8 year

Due to Enlarged Lungs

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 938

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature D. C. Buraage (M. D. or other)

Address Conway, Mo. Date signed 1-8-42

**RECEIVED**

District Health Officer No. \_\_\_\_\_

District File Number 5-42-89

Date Filed May 16, 1942

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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 Tex Lantry

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.**