

S. No. 2
M-9.4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 23 1942
836

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15785

State File No.

Registration District No. 836

Primary Registration District No. 6098A

Registrar's No. 15

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Rural
(c) Name of hospital or institution: Liberty Disp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community one yr.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Rural
(d) Street No. 1
(e) Citizen of foreign country? no
If yes, name country

3. (a) PRINT FULL NAME William Edgar Taylor
(b) If veteran, name war ✓
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 9th
year 1942 hour 4 minute 30
21. I hereby certify that I attended the deceased from 3-28
to 4-9 1942
that I last saw him alive on 4-8 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, Divorced, Widowed
(b) Name of husband or wife ✓ 6. (c) Age of husband or wife if
alive ✓ years
7. Birth date of deceased June 21 1861
(Month) (Day) (Year)

Immediate cause of death Seriously
Duration 21 days

8. AGE: Years 80 Months 8 Days 18
If less than one day hr. min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Trimble Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____
12. Name Darr Newton Taylor
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Bishop
15. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

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? _____
(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 0

16. (a) Informant Larry Tatty
(b) Address Flint Mich - 1811 North St.
17. (a) Burial (b) Date thereof Apr 10 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation White Cemetery
18. (a) Signature of funeral director T. C. Knight
(b) Address Paris Mo
19. (a) 4-9-42 (b) Cordie Miller
(Date received local) (Registrar's signature)

23. Signature Hansley Ryan (M. D. or other)
Address Berrie Mo Date signed 4-9-42

113 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

ms miller
RECEIVED

District Health Office No. 2,

District File Number 542-666

Date Filed 5-20-42

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 Thomas C Knight

Licensed Embalmer No. 24869

P. O. Address Parma, Ohio

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.