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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 609 Primary Registration District No. 4363 Registrar's No. 375

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sale - Boman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Seneca, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha L. Tayler
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widdow
6. (b) Name of husband or wife John N. Tayler
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 12 (Day) 1870 (Year)

8. AGE: Years 71 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Ray, Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name T. L. Mcmullen
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Bailey
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Johnie Taylor
(b) Address Seneca, Mo. R.F.D. # 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 7 (Day) 42 (Year)
(c) Place: burial or cremation Seneca, Mo.
18. (a) Signature of funeral director Tell Buzzard
(b) Address Seneca, Mo.
19. (a) 6-8-42 (Date received local registrar) (b) Carey Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1942 hour 8 minute 45 M.
21. I hereby certify that I attended the deceased from May 22, 1942 to June 3, 1942 that I last saw her alive on June 3, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Embolus	30 min.
Due to: Automobile accident causing fracture of right leg	
Due to:	
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations: None	
Of autopsy: None	

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) Accident
(b) Date of occurrence May 22 1942
(c) Where did injury occur? Seneca, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
(e) Means of injury Car left highway and ran into yard and hit her
While at work? Fractured right leg
23. Signature Oscar R. Sale (M. D. or other)
Address Neosho, Mo. Date signed 6-6

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 642-871
Date Filed JUN 12 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 W. W. Buzzard

Licensed Embalmer No. 2334

P.O. Address Seneca 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.