No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21910

Registration District No. 625 Primary Registration District No. 3031 Registrar's No. 83

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

1. PLACE OF DEATH
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 2 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Maryville (If outside city or town limits, write "RURAL") 2
(d) Street No. 1417 E. 3rd. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Frank Spencer Taylor
3. (b) If veteran, name war No.
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Ada Losey Taylor
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 22 (Day) 1872 (Year)
8. AGE: Years 69 Months 7 Days 18 If less than one day hr. min.
9. Birthplace Plymouth (City, town, or county) Ohio! (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name William Taylor
13. Birthplace Greenfield (City, town, or county) Ohio! (State or foreign country)
14. Maiden name Sarah Lavina Conklin
15. Birthplace (City, town, or county) New York! (State or foreign country)
16. (a) Informant Mrs Ada Losey Taylor
(b) Address 1417 E 3rd Maryville Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6 (Month) 11 (Day) 42 (Year)
(c) Place: burial or cremation Columbus Kansas
18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 951 South Main Maryville Mo
19. (a) June 11, 1942 (Date received local registrar) (b) Mary Cole (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 10-42 year hour minute M.
21. I hereby certify that I attended the deceased from 5-28 1942 to 6-10 1942, that I last saw him alive on 6-10 1942, and that death occurred on the date and hour stated above.

Immediate cause of death 1
Chr Nephritis
Chr Myocarditis
Due to congestion of lungs
uremia
Due to

Other conditions (Include pregnancy within 3 months of death) 131b

Major findings: Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. M. Boyle (M. D. or other)
Address Maryville Date signed 6-10-42

1268 (Licensed Embalmer's Statement on Reverse Side)

JUL 6 - 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH
(a) County _____
(b) City or town _____
(c) Name of hospital or institution _____
(d) Length of stay: In hospital or institution _____ In this community _____

2. (a) PRINT FULL NAME _____
3. (b) If veteran, war or service _____
4. Sex _____ 5. Color or race _____
6. (a) Single, married, widowed, divorced _____
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace _____
10. Usual occupation _____
11. Industry or business _____
12. Birthplace _____ (City, town, or county) (State or foreign country)
13. Citizen of what country _____
14. Father's name _____
15. Mother's maiden name _____
16. Informant _____ (Name) (Address)
17. Filed _____ (Date)

JUL 28 1942

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give R. F. D.)
(e) If foreign born, how long in U. S.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19__ to _____ 19__ that I last saw him alive on _____ 19__ and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to:	
Due to:	
Other conditions contributory within 3 months of death	

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? _____ (Specify type of place)

PHYSICIAN

Underline the cause to which death should be charged.

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 _____ working under my personal supervision.

Registered Apprentice No. _____

Signed _____ Licensed Embalmer No. _____

P. O. Address _____

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.

(Licensed Embalmer's Statement on Reverse Side)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

No. 2
4-13-40
5-17-39
21 X2279

FILE—USE JAPANESE BLACK INK—MAKE A PERMANENT RECORD