

Registration District No. 384

FILED SEP 11 1942  
Primary Registration District No. 4227

Registrar's No. 40

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1  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County HOWELL

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

(c) Name of hospital or institution:  
509 Leyda Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether years, months or days)

In this community 33 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL

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

(d) Street No. 509 LEYDA AVE  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME NANCY JANE TAYLOR

3. (b) If veteran, name war No.

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife L.C. TAYLOR 6. (c) Age of husband or wife if alive 14 years 1859

7. Birth date of deceased JUNE 14 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>8</u>	<u>7</u>	hr. min.

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

10. Usual occupation NONE

11. Industry or business

MOTHER FATHER

12. Name STANLEY

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

14. Maiden name 9

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

16. (a) Informant BOYD STALLCUP  
(b) Address CHICKASHA, OKLA.

17. (a) BURIAL (b) Date thereof FEB 24 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
OAK LAWN CEM.

(c) Place: burial or cremation WEST PLAINS, MO.

18. (a) Signature of funeral director Hal Fromburg  
(b) Address WEST PLAINS, MO.

19. (a) Adair (b) Miss Taylor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 21, year 1942 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from 2/8 to 2/14, 1942  
that I last saw him alive on 2/14, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction 14 day

Due to Intestinal obstruction

Due to

Other conditions 1228N  
(Include pregnancy within 3 months of death)

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) X

(b) Date of occurrence X

(c) Where did injury occur? X  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? X (Specify type of place) (e) Means of injury 0

23. Signature Maurice Thompson (M. D. or other) MD  
Address West Plains, Mo. Date signed 2/29/42

1125

RECEIVED

District Health Officer No. 5,

District File Number 942715

Date Filed 9-10-42

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 ~~one~~.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address WEST PLAINS, 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.