DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27556

Registration District No. 74 | Primary Registration District No. 3035 | Registrar's No. 52

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

1. PLACE OF DEATH:
(a) County: Lafayette
(b) City or town: Lexington (If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: Nil (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community Minnie Taylor

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Lafayette
(c) City or town: Lexington, Mo. (If outside city or town limits, write "RURAL")
(d) Street No.: 24 24th St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: Minnie Taylor
3. (b) If veteran, name war: ____
3. (c) Social Security No.: ____

4. Sex: Female | 5. Color or race: Colored | 6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: ____
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: 9 (Month) 15 (Day) 1866 (Year)

8. AGE: Years 75 | Months 10 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: Lexington (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Housekeeping
MOTHER FATHER
12. Name: Moses (Unknown)
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name: Lucinda
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: ____
(b) Address: ____
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Grove Cem.
18. (a) Signature of funeral director: Green & Sons
(b) Address: 204-So-24-Lexington
19. (a) 8-16-42 (Date received local registrar) (b) Mrs. H. Schwab (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14 year 1942 hour 5:50 minute A. M.
21. I hereby certify that I attended the deceased from June 21st, 1942, to Aug. 14, 1942 that I last saw h. es alive on Aug. 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Haemorrhage
Due to: Arterio-Sclerosis
Due to: ____
Other conditions (Include pregnancy within 3 months of death): 830
Major findings: Of operations: ____
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): ____
(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: [illegible] Hart, M.D. (M.D. or other)
Address: Lexington, Mo. Date signed: 8/14/42

1158 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 9-2-42

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 William Nunley

Licensed Embalmer No. 3105

P. O. Address Lexington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com... the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27556

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 52

SUPPLEMENTARY

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

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

3. (a) PRINT FULL NAME Minnie Taylor
3. (b) If veteran, name war
3. (c) Social Security No. W
4. Sex F
5. Color or race C
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 15 (Day) 1864 (Year)
8. AGE: Years 75 Months 10 Days 28 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Eva Saunders
(b) Address N. 24 St. Lexington Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 8/16/42 (Date received local registrar) (b) Mrs. Fred Schwab (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (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)
(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 (M. D. or other)
Address Date signed