

SEP 3 1942  
190

Registration District No. 190 Primary Registration District No. 5983

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Rural - Cullen Township  
(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 years, months or days)

In this community 8 Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski

(c) City or town Rural - Cullen Township  
(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 Mary Bell Taylor

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 8 1942  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from at birth Aug 8 1942 to \_\_\_\_\_ 19\_\_\_\_

that I last saw her alive on Aug 8 1942 and that death occurred on the date and hour stated above.

Immediate cause of death atelectasis

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 8 hr. \_\_\_\_\_ min.

Due to Prematurity

Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

Major findings: \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jesse Floyd Taylor

13. Birthplace Ralls Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name ANNA Breedlove

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

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Jesse F Taylor

(b) Address Waynesville - Mo.

17. (a) Burial (b) Date thereof 8/9/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gospel Ridge

18. (a) Signature of funeral director J. H. Hoops & Sons

(b) Address Waynesville - Mo.

19. (a) Aug 28 1942 (b) Chas M D  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) - Means of injury \_\_\_\_\_

23. Signature D S Billing (M. D. or other) DD  
Address Waynesville, Mo. Date signed 8/13/42

85  
00  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Pulaski County Health Officer

File Number 9-42-180

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.

NOT EMBALMED

Signed Paul B. Hoops

Licensed Embalmer No. 3261

P. O. Address Waynesville, N.C.

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.