

FILED OCT 9 1942
74
Registration District No. _____

Primary Registration District No. 4137

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

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town TRIMBLE
(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 19 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

(c) City or town TRIMBLE
(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 REUBEN TAYLOR

3. (b) If veteran, name war L

3. (c) Social Security No. _____

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEBRUARY 22 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 14
If less than one day

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

10. Usual occupation CARPENTER

11. Industry or business _____

MOTHER FATHER

12. Name John Thomas Taylor

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

14. Maiden name UNKNOWN

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

16. (a) Informant Ralph Taylor

(b) Address Trimble, Mo.

17. (a) BURIAL
(Burial, cremation, or removal)

(b) Date thereof Sept. 8-42
(Month) (Day) (Year)

(c) Place: burial or cremation PLEASANT Hill CEM.

18. (a) Signature of funeral director Fellings Mortuary

(b) Address Edgerton Mo.

19. (a) Sept 23 42
(Date received local registrar)

(b) Mrs A C Hart
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Aug 17
1942 to Sept 6 1942

that I last saw him alive on Aug 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Hypertension

Due to _____

Due to _____

Other conditions 830'
(Include pregnancy within 3 months of death)

Duration 11 days

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) _____

(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 [Signature] (M. D. or other) _____
Address [Address]

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 Vivian R. Nash

Licensed Embalmer No. 3947

P. O. Address Edgerton 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.