No. 2
5-42
5-17-39
I X32873

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

Registration District No. 167

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5609

State File No. 30661

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural (Rose Hill)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: not hospitalized
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution xx (Specify whether years, months or days)

In this community 71 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Rural Route
(If outside city or town limits, write "RURAL")

(d) Street No. xxxx
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country xx

3. (a) PRINT FULL NAME Isaac Wilson Taylor

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race cauc

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

6. (b) Name of husband or wife Olive V. Taylor

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October (Month) 1 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	11	7	hr. min.

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

10. Usual occupation Farmer

11. Industry or business xxxx

FATHER
12. Name Harvey Taylor
13. Birthplace Johnson County, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Kathryn Cook,
15. Birthplace unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Olive V. Taylor
(b) Address Holden, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 11, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Holden, Cemetery.

18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri.

19. (a) Sept. 15 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1942 hour 10:45 minute P M.

21. I hereby certify that I attended the deceased from April 3, 1940 to Sept 8, 1942 that I last saw him alive on Sept 8, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pernicious Anemia	
Due to: N30a	
Due to:	
Other conditions: Arteriosclerosis (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 Kelly Rawlins (M. D. ~~another~~)
Address Holden Mo Date signed 9/11/42

100 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-9-42

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 M. L. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, Me.

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.

. S. No. 2B
0M—8-21-41
I 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. 30661

Registration District No. 167 Primary Registration District No. 5609 Registrar's No.

1. PLACE OF DEATH:

(a) County: Johnson

(b) City or town: Rural
(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

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: Isaac Wilson Taylor

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife

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

7. Birth date of deceased: Oct / (Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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) (Date received local registrar) (b) Mo Frank Morris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day

year 1943 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.

	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)

(b) 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 (M. D. or other)

Address Date signed

SUPPLEMENTARY