S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30700

State File No.

Registration District No. 172 Primary Registration District No. 5641 Registrar's No. 53

54
0
0

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

1. PLACE OF DEATH:
(a) County Lafayette Hopper Twp
(b) City or town Rural Green chapel
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 near Hodge, Mo.
(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 Missouri (b) County Lafayette 54
(c) City or town rural near Hodge 0
(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 — 0

3. (a) PRINT FULL NAME EMMA JEAN Taylor
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or Race Colored C
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 2nd (Day) 1919 (Year)

8. AGE: Years 23 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Lafayette Co. Missouri (City, town, or county) (State or foreign country)
10. Usual occupation House Work.
11. Industry or business
FATHER
12. Name Lee Taylor
13. Birthplace Lafayette, Co. Mo. 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Flossie Tanner
15. Birthplace Lafayette Co. Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Flossie Taylor
(b) Address Hodge Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 9 (Day) 1942 (Year)
(c) Place: burial or cremation Mt Hope Cem. Dover, Mo.
18. (a) Signature of funeral director Harry R. Greenwood
(b) Address 204-S. 24th, Lexington, Mo.
19. (a) 9-19-1942 (Date received local registrar) (b) Dr. W.A. Braeckleu (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6 year 1942 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from June 11 1942 to Sept. 7 1942 that I last saw her alive on Sept. 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Abscess Lung from Delayed Resolution
Due to Lobar Pneumonia
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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 — 0
23. Signature [illegible] M.D. (M.D. or other)
Address Lexington, Mo. Date signed 9/7/42

1189 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
Local 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 William Munley

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 comply with the above constitutes grounds for revocation of license.)

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