

FILED OCT 13 1942

Registration District No. 337

Primary Registration District No. 4497

Registrar's No. 87

102  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Shelby Co

(b) City or town Clarence mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community all her life

3. (a) PRINT FULL NAME Nellie May Taylor

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Harry J. Taylor

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sept 22 1897  
(Month) (Day) (Year)

8. AGE: Years 45 Months 5 Days 1 If less than one day 5<sup>45</sup> hr. min.

9. Birthplace Cheng Box mo (City, town, or county) (State or foreign country) 0

10. Usual occupation Home wife

11. Industry or business

12. Name Joseph J. Loft

13. Birthplace Mo (City, town, or county) (State or foreign country) 1

14. Maiden name Mary E. Winstel

15. Birthplace Mo (City, town, or county) (State or foreign country) 1

16. (a) Informant Harry J. Taylor

(b) Address Clarence mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26, 42  
(Month) (Day) (Year)

(c) Place: burial or cremation grave wood

18. (a) Signature of funeral director M. L. Harrison

(b) Address Clarence mo

19. (a) Oct 6, 1942 (Date received local registrar) (b) Madge Good (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

(c) City or town Clarence mo  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 11 to Sept 23, 1942

that I last saw her alive on Sept 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolus

Duration 2 days

Due to acute bacterial Endo Carditis

Duration 8 weeks

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 91a

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? .....

While at work? (Specify type of place) (e) Means of injury

23. Signature D. L. Harlan (M. D. or other) MD

Address Clarence mo Date signed 10-26-42

OCT 16 1942

RECEIVED

District Health Officer No. 10

District File Number 10-42-1868

Date Filed Oct 9-1942

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 Henry A. Berkeley

Licensed Embalmer No. 3835

P. O. Address Shelburne, Vt.

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.