

FILED OCT 10 1942

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 141

108
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: 1800th. Allison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 15 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

(d) Street No. 1800th. Allison
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOHN FRANKLIN TAYLIS

3. (b) If veteran, name war no

3. (c) Social Security No. 500-05-5679

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Laura Taylor

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased January 26 - 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 7
If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown 9

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

16. (a) Informant Laura F. Taylor

(b) Address Nevasa on R.R.

17. (a) Burial (b) Date thereof Oct 5 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harwood, Mo.

18. (a) Signature of funeral director Jerry General Harwood

(b) Address Nevasa, Mo.

19. (a) Sept. 4, 1942 (b) Elizabeth Beckenidge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1942 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 9/3 1942 to 9/3 - 1942
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Was dead when

Due to I called Heart

Due to Kind unknown

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations PSC

Of autopsy _____

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? No (Specify type of place) _____ Means of injury _____

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

Address Nevasa Mo Date signed 9/4/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1231

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7

District File Number 10-42-1058

Date Filed 10-6-42

*not in record on file
per 106
not in record
10-12-42*

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 Mike E. Terry
Licensed Embalmer No. 1432
P. O. Address Nevada 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.