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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 7 1942

Registration District No.

Primary Registration District No. 5432

Registrar's No.

1. PLACE OF DEATH:

(a) County... FRANKLIN

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

(c) Name of hospital or institution: meramee
(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... MO. (b) County... FRANKLIN

(c) City or town... RURAL-CENTRAL
(If outside city or town limits, write "RURAL")

(d) Street No. ON HIGHWAY 66
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country... 0

3. (a) PRINT FULL NAME Paul W. Taylor

3. (b) If veteran, 2ND LIEUTENANT (c) Social Security name was IN U.S. ARMY No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28
year 1942 hour 12:30 minute A. M.

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced unknown

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

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.

8. AGE:	Years	Months	Days	If less than one day
<u>unknown</u>				hr. _____ min. _____

Immediate cause of death Fractured neck

Due to Lacerations on face

Due to In auto, Accident

Other conditions with Truck on Highway No 66 2 miles west of Stanton

Duration

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation 2ND LIEUTENANT IN U.S. ARMY

Major findings: Of operations: West of Stanton Mo

Of autopsy 19024

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Taken off Person

(b) Address _____

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

(c) Place: burial or cremation unknown

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 036

(b) Date of occurrence September 28, 1942

(c) Where did injury occur? Stanton Franklin Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway No 66
(Specify type of place)

While at work _____ (e) Means of injury Fracture Neck

23. Signature Gerald L. Ottmann (M.D. or other) Coroner

Address Gerald, Missouri Date signed 9-28-42

18. (a) Signature of funeral director unknown

(b) Address _____

19. (a) SEPT. 28 1942 (Date received local registrar) Gilbert G. Gellens (Registrar's signature)

1121 _____ (Licensed Embalmer's Statement on Reverse Side)

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

3600

MAR 29 1943

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.....

Licensed Embalmer No.....

P. O. Address.....

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.