

FILED NOV 12 1942
370

Registration District No. Primary Registration District No. 2000

1. PLACE OF DEATH:

GREENE

(a) County... Springfield
(b) City or town...
(c) Name of hospital or institution:
808 N. Weaver
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 10 Days
In this community... 10 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Texas 107
(c) City or town... Huggins
(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 ...

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Willard A. Tayloe

3. (b) If veteran, name war... no 3. (c) Social Security No... no

20. DATE OF DEATH: Month Oct. day 17
year 1942 hour 7 minute 30 p.m.

21. I hereby certify that I attended the deceased from 10-8, 1942 to 10-17, 1942
that I last saw him alive on 10-16-42
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife... None 6. (c) Age of husband or wife if alive... XX years
7. Birth date of deceased Jan. 28 1942
(Month) (Day) (Year)

Immediate cause of death... Lobes Pneumonia
Duration 3 d.

8. AGE: Years 10 Months 8 Days 19 If less than one day hr. min.

Due to... 108
Due to...

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

Other conditions... Mongolism
(Include pregnancy within 3 months of death)

10. Usual occupation... Prof

Major findings:
Of operations...
Of autopsy...
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business...
12. Name Clifford Tayloe
13. Birthplace Mt. Grove Missouri
(City, town, or county) (State or foreign country)

14. Maiden name... Viola White
15. Birthplace Unknown South Dakota
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clifford Tayloe
(b) Address Huggins, Missouri
17. (a) Removal (b) Date thereof Oct. 18, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Huggins, Missouri

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)

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield
19. (a) 10-17-42 (b) 200 E Pershing
(Date received local registrar) (Registrar's signature)

While at work? ... (e) Means of injury ...
23. Signature Luther Beiseck (M. D. or other)
Address 200 E Pershing Date signed 10-18-42

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

9
2
6

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.

This body not embalmed X