

FILED JAN 11 1943

Registration District No. **271**

Primary Registration District No. **5911**

Registrar's No. **2**

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

1. PLACE OF DEATH:
 (a) County Pemiscot
 (b) City or town Pascola
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15, Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pemiscot 78
 (c) City or town Pascola
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country N

3. (a) PRINT FULL NAME Peter Taggart
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Susie Taggart 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased March 6 1880
(Month) (Day) (Year)

8. AGE:	Years <u>62</u>	Months <u>8</u>	Days <u>11</u>	If less than one day hr. min.
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9. Birthplace Sugarlock Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

MOTHER FATHER
 12. Name John Taggart
 13. Birthplace Georgia
(City, town, or county) (State or foreign country)
 14. Maiden name Harniet Campbell
 15. Birthplace Kushy Mississippi
(City, town or county) (State or foreign country)

16. (a) Informant Susie Taggart
 (b) Address Pascola, Missouri

17. (a) Burial (b) Date thereof 11 22 '42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cemetery

18. (a) Signature of funeral director German Untd. Co.

(b) Address Steele, Missouri

19. (a) 1-4-43 (b) Mrs T. R. Cole
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 17
 year 1942 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from Oct. 12
 1942 to Nov. 11 1942
 that I last saw him alive on Nov. 6 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Mental Disease Duration 18 mos.

Due to 11 1 11

Due to 11 1 11

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

Major findings: 13/a
 Of operations
 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 Asst. Reg. D (M. D. or other)
 Address Hayti, Mo. Date signed 11-30-42

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1-33-43

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.....
John H. Gorman....., Registered Apprentice No. *344*
working under my personal supervision.

Signed.....*J. H. Gorman*.....
Licensed Embalmer No. *3789*
P. O. Address.....*Steel Road*.....

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.