

FILED JAN 25 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
1024 Doniphan St /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 1024 Doniphan St
(If rural, give location)

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

3. (a) PRINT FULL NAME Harvey Taylor

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12th
year 1943 hour 1 minute 15 P.M.

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 28 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 12 1942 to Jan 12 1943
that I last saw him alive on Jan 11 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>8</u>	<u>14</u>	hr. _____ min.

Immediate cause of death Gastric Ulcer

Due to Gastric Ulcer

9. Birthplace Hamburg Iowa /
(City, town, or county) (State or foreign country)

Due to _____

Other conditions 11/16
(Include pregnancy within 3 months of death)

10. Usual occupation Retired (Hyde & Fur Buissness)

Major findings:
Of operations _____

Of autopsy _____

MOTHER FATHER {

11. Industry or business _____

12. Name Hampton Taylor

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

14. Maiden name unk. 9

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

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? _____

16. (a) Informant Mrs Goldie Taylor

(b) Address 1024 Doniphan St.

While at work? _____
(Specify type of place)

(e) Means of injury _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-43
(Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem.

23. Signature J R Elliott (M. D. or other) md
Address 801 1/2 Francis Date signed Jan 12 1943

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address 1946 Colhoun

19. (a) 1-14-43 (Date received local registrar)

(b) Arce Hegzog (Registrar's signature)

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

1233

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 Robert H. Apple

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.