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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 10 1943

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 4-2

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

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

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

In this community one week (years, months or days)

2. USUAL RESIDENCE OF DECEASED: ///

(a) State Missouri (b) County Wayne

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

(d) Street No..... (If rural, give location)

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

If yes, name country.....

3. (a) PRINT NAME Henry Rice Tayler  
FULL NAME

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Sept. 9th. 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>4</u>	<u>28</u>	hr. min.

9. Birthplace Marshall Illinois/  
(City, town, or county) (State or foreign country)

10. Usual occupation Lumber

11. Industry or business.....

MOTHER FATHER { 12. Name Robert Hayes Taylor

13. Birthplace Clark Co. Ill. /  
(City, town, or county) (State or foreign country)

14. Maiden name Naomi Neal

15. Birthplace Marshall Illinois /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Parks

(b) Address Ironton Mo.

17. (a) burial (b) Date thereof 2-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenville Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address White Ironton Mo.

19. (a) 2-9-43 (b) Virginia R. Miller  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7  
year 1943 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from Feb. 1st  
1943, to Feb. 7th 1943

that I last saw him alive on Feb. 7th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
acute cardiac failure 2/7/43

Due to chronic myocarditis?  
hypertension? heart disease?

Due to.....

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... 930

Of autopsy.....

Duration

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 R. E. Farland (M. D. or other) ms 20

Address Ironton Mo. Date signed 2/9/43

FEB 10 1943

MAR 2 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 *Arnold J. White*

Licensed Embalmer No. *3012*

P. O. Address *Clinton, Tenn*

**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.