

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3071**
Registrar's No. **8**

Registration District No. **273**

Primary Registration District No. **5917**

1. PLACE OF DEATH:

(a) County **Perry**
(b) City or town **Rural St. Marys**
(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 **82 - 4 - 1** (Specify whether years, months or days)
In this community **82 - 4 - 1**

3. (a) PRINT FULL NAME **Thomas J. Taylor**

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 **Mary E Taylor** 6. (c) Age of husband or wife if alive **1860** years (Day) (Year)
7. Birth date of deceased **Sep. 16** (Month) (Day) (Year)

8. AGE: Years **82** Months **4** Days **1** If less than one day hr. min.

9. Birthplace **Perry Co. Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Joseph Taylor**
13. Birthplace **Perry Co. Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Mary Powers**
15. Birthplace **Perry Co. Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Henry Taylor**
(b) Address **Perryville Mo. Rfd.**

17. (a) **Burial** (b) Date thereof **1-13 1943** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Perryville Mo.**

18. (a) Signature of funeral director **Young & Sons**

(b) Address **Perryville Mo**

19. (a) **1-12-43** (b) **Thos J. Gledin** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Perry**
(c) City or town **Rural** (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

20. DATE OF DEATH: Month **Jan.** day **11** year **1943** hour **12** minute **30** A.M.

21. I hereby certify that I attended the deceased from **1925** to **Jan 11 1943**
that I last saw him alive on **Dec 15 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis (Chronic)**

Due to **Senility**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 **Thos J. Gledin** (M. D. or Registrar)
Address **Perryville** Date signed **1/12 1943**

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

RECEIVED

District Health Officer No. 4
District File Number 243-1720
Date Filed 2-8-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.