

FILED MAR 31 1943

Registration District No. ....

Primary Registration District No. 3060

1. PLACE OF DEATH

(a) County St. Francois  
(b) City or town Farmington, Mo  
(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 28 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois  
(c) City or town Farmington  
(If outside city or town limits, write "RURAL")  
(d) Street No. P. 4 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

Roger Peers Taylor

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Ella Saw

6. (c) Age of husband or wife if alive 70+ years

7. Birth date of deceased April 4 1865  
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 15  
If less than one day hr. .... min.

9. Birthplace Farmington, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Commissary, State Hospital

11. Industry or business

12. Name William Roger Taylor

13. Birthplace St. Charles, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Susan H. Peers

15. Birthplace Farmington, St. Francois Co., Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella Taylor

(b) Address Farmington, Mo

17. (a) Burial (b) Date thereof Feb 21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic, Farmington, Mo

18. (a) Signature of funeral director 20 years funeral home

(b) Address Farmington, Mo

19. (a) Feb 23 1943 (b) Byrdie B. Buhmester  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19  
year 1943 hour 10 am minute 0 M.

21. I hereby certify that I attended the deceased from October 1  
1942 to February 19, 1943  
that I last saw him alive on February 18, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 5 mo.

Due to .....

Due to .....

Other conditions (include pregnancy within 3 months of death) 46 P

Major findings: 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) (c) Means of injury.....

23. Signature James T. Doctor (M. D. or other).....  
Address Farmington, Mo Date signed 2-19-43

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

MOTHER FATHER

1196

MAY 18 1943

RECEIVED

District Health Officer No. 4  
District File Number 343-1870  
Date Filed 3-5-43

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Nellie Harter

Licensed Embalmer No.

2969

P. O. Address

Farmington 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.