

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10643**

FILED APR 7 1948

Registration District No. **164**

Primary Registration District No. **3032**

Registrar's No. **27**

1. PLACE OF DEATH

(a) County **Johnson**

(b) City or town **Warrensburg Mo**
(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 **40 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**

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

(d) Street No. **134 Water St** (If rural, give location)

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

3. (a) PRINT FULL NAME **Isabell Taylor**

3. (b) If veteran, name war **no**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAR** day **3**
year **1943** hour **5** minute **30** P.M.

4. Sex **Female** 5. Color **Colored**

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

6. (b) Name of husband or wife **Henry Taylor**

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

7. Birth date of deceased **April 22 1863**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb 26** 19**43** to **Mar 3** 19**43**
that I last saw him alive on **Mar 2** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coron. Arteriovascular disease**

8. AGE:	Years	Months	Days	If less than one day
	79	10	11	hr. _____ min. _____

Due to **Senility** Duration **year**

Due to _____ Duration **year**

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

10. Usual occupation **House wife**

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

Due to _____ Duration **year**

MOTHER FATHER

11. Industry or business _____

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Helene Francis**

(b) Address **134 Water St Warrensburg Mo**

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

(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **W. M. Cole**

(b) Address **Warrensburg Mo**

19. (a) **MAR 9 1943** (Date received local registrar) (b) **Isabell M. Williams** (Registrar's signature)

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 **Isabell M. Williams** (Date signed **3/9/45**)
Address **Warrensburg Mo**

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-57-43.....

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

Samuel M. Cluney

Licensed Embalmer No.

3557

P. O. Address

Section 2nd

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.