

13530

State File No.

96

Registrar's No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

S. No. 2
11-10-39
6-17-39
X-21-2

MAY 11 1943

Registration District No. 1

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Loughlin Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Canton
(If outside city or town limit, write "RURAL")
(d) Street No. 516 College
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Mary Abbie Taylor

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Chas. E. Taylor 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased Nov. 7 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days -0 If less than one day hr. min.

9. Birthplace Lincoln County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired school teacher

11. Industry or business

MOTHER FATHER { 12. Name John Nelson
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Dicie Camp
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur Tucker
(b) Address Kahoka, Missouri

17. (a) Removal (b) Date thereof Apr. 7, '43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fonticello, Mo.

18. (a) Signature of funeral director Paul H. Bentley
(b) Address Canton, Mo.

19. (a) 4/16/43 (b) Thos. J. Wayne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1943 hour 4 minute 20 P.M.
21. I hereby certify that I attended the deceased from March 17
1943, to Apr. 7, 1943
that I last saw her alive on April 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to.....
Due to.....
Other conditions none
(Include pregnancy within 3 months of death)

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 Joyce Benson M.D. or other MD
Address Loughlin Hospital Date signed 4/7/43

(Licensed Embalmer's Statement on Reverse Side) Herbault, Mo.

1049

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

33

RECEIVED

District Health Officer No. 10

District File Number 543-810

Date Filed MAY 10 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 Earl N. Barkley

Licensed Embalmer No. 2615

P. O. Address Canton, 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, above space should be left blank.