

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13859

State File No.

Registrar's No. 138

Registration District No. 43

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County BUTLER
(b) City or town POPLAR BLUFF
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: POPLAR BLUFF HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS (Specify whether
In this community 67 YEARS years, months or days)

3. (a) PRINT FULL NAME MARGARET TRAINER TAYLOR

3. (b) If veteran, name war. — 3. (c) Social Security No. —

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, 2 divorced WIDOWED

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if

7. Birth date of deceased OCT 3 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 6 28 hr. min.

9. Birthplace BUTLER CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

12. Name I. B. CARTER
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name MARY TRAINER
15. Birthplace BUTLER CO MO
(City, town, or county) (State or foreign country)

16. (a) Informant Laurence Taylor

(b) Address RFD #1 Elsberry MO

17. (a) BURIAL (b) Date thereof MAY 4-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TRAINER CEM

18. (a) Signature of funeral director W. J. Phelps

(b) Address Poplar Bluff Mo.

19. (a) 5-3-43 (b) Belle Hume
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER 12
(c) City or town RURAL 11
(If outside city or town limits, write "RURAL")
(d) Street No. 20 W. N.W. POPLAR BLUFF MO
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-25-43 day
year. hour. minute. M.

21. I hereby certify that I attended the deceased from 4-29 1943 to 5-2 1943
that I last saw AS alive on 5-2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration
arterial return.

Due to —

Other conditions (Include pregnancy within 3 months of death) 83a!

Major findings: Of operations none Of autopsy none 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 W. J. Phelps (M. D. or other)
Address Poplar Bluff Mo. Date signed —

RECEIVED

District Health Office No. 2,

District File Number 542-689

Date Filed 5-13-48

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

H. J. Phelps

Licensed Embalmer No. 3231

P. O. Address

Caplan Bleuff 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.