

FILED MAY 11 1943

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

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1. PLACE OF DEATH:

(a) County FRANKLIN

(b) City or town GERALD
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
GERALD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) LIFE TIME

3. (a) PRINT FULL NAME HIRAM TAYLOR

3. (b) If veteran, name war NONE

3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife MARY SOUPERS 6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased FEB. 27 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 8 If less than one day hr. _____ min. _____

9. Birthplace BEM MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM TAYLOR

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

14. Maiden name CATHERINE HOLT

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

16. (a) Informant FRANK TAYLOR

(b) Address ROSEBUD MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 8 1943
(Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL

18. (a) Signature of funeral director W. F. Hattenstat

(b) Address OWENSVILLE

19. (a) 4-8-43 (Date received local registrar) (b) Don Owens (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN

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

(d) Street No. ROSEBUD ROUTE
(If rural, give location)

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

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Jan 1 1940 to Apr 5 1943 that I last saw him alive on Mar 29 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis ^{Duration} Not

Due to g & a

Due to _____

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

Major findings: Of operations No operation

Of autopsy No 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) (e) Means of injury _____

23. Signature W. Matthews, M.D. (M.D. or other) _____

Address Beaufort Date signed 4-6-43

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 Milford H. H. White
Licensed Embalmer No. 3838
P. O. Address Duressville 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.