

1. PLACE OF DEATH:

(a) County Hickory

(b) City or town "Rural" Cross Timbers Twp.
(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 weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED: 43

(a) State Missouri (b) County Hickory 9

(c) City or town "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. Cross Timbers Twp.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Rachel Emily Taylor

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16th day of April
year 1943 hour _____ minute 3:45 A.M.

4. Sex Female / race White

5. Color or race _____

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

6. (b) Name of husband or wife Thomas W. Taylor

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July 21, 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar. 23rd 1943 to Apr. 7th 1943; that I last saw h. er alive on Apr. 7th 1943; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>8</u>	<u>25</u>	hr. _____ min. _____

Immediate cause of death Acute Circulatory Collapse

Due to Congestive Cardiac Failure 12 yrs.

9. Birthplace Idaho /
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

Due to Arrhythmias Fibrillation & Hypertension 12 yrs.

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

MOTHER FATHER {

12. Name Hugo Lewis

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

14. Maiden name Rachel Texas

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings: 950

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant James J. Taylor
(b) Address Edwards Hill

17. (a) Burial (b) Date thereof Apr. 18, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waltham Home Care

18. (a) Signature of funeral director White-Reser
(b) Address Warsaw, Mo.

19. (a) Apr 18 - 43 (b) Mary A. Carlstead
(Date received local registrar) (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 9

23. Signature M. H. Kneeland (M. D. or other) P.O.
Address Cross Timbers Date signed 4/16/43

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

13
0
0

