

FILED MAY 7 1943
Registration District No. 9

Primary Registration District No. 6185

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

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Rural - Union 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 Most of her life years, months or days)

3. (a) PRINT FULL NAME Ida Belle Taylor

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

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased 5 18 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Monroe Co. N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Isaac Wever
13. Birthplace N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Hate Fowler
15. Birthplace Monroe Co. N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Janna Gardner
(b) Address Green City

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Glenn E. Smith
(b) Address Green City, Mo.

19. (a) May 1-1943 (Date received local registrar) (b) Ummie Davidson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. near Green City (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 17
year 1943 hour 11 minute 0 P.M.

21. I hereby certify that I attended the deceased from 1939, 19____ to Apr 10 1943
that I last saw her alive on Apr 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Disease of Liver

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 1258

Major findings: Of operations _____
Of autopsy _____

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. Huntington (or other) _____
Address Green City Date signed 4-10-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 5-43-796

Date MAY 5 1960

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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address. Green City

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.