

V. S. No. 2
50M-542
Rev. 5-17-39
P1 X32874

18281

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 56

REC'D JUN 7 1943

Registration District No. 172 Primary Registration District No. 4285

56
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WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County LEWIS
(b) City or town LEWISTOWN
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County LEWIS
(c) City or town LEWISTOWN
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES William Kaylor

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 30th
year 1943 hour 2 minute AM

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

21. I hereby certify that I attended the deceased from May 27 1943 to May 30 1943; that I last saw h. in alive on May 29 1943; and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 27 1943
(Month) (Day) (Year)

Immediate cause of death Badly bruised and molded head

8. AGE: Years _____ Months _____ Days 3 If less than one day _____ hr. _____ min.

Due to Extremely hard delivery

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

Due to _____

10. Usual occupation _____

Other conditions (include pregnancy within 3 months of death) 160C

11. Industry or business _____

PHYSICIAN _____

12. Name William Calvin Kaylor

Major findings: Of operations _____

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

Of autopsy _____

14. Maiden name MARY GAYET MORGAN

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

16. (a) Informant R. W. Morgan
(b) Address Lewistown Mo

17. (a) Burial (b) Date thereof 5/31/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEWISTOWN MO

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 _____

18. (a) Signature of funeral director James A. Guder
(b) Address Lewistown Mo

23. Signature Harry J. Brock (M. D. or other) D.O.
Address La Belle Mo Date signed 5/30/43

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02 03 you mi

04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

viewed from y... ..

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.....

Licensed Embalmer No.....

P. O. Address.....

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.)

8/10/88 If this body is not embalmed, fact should be so stated above.