S. No. 2
M—9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

Registration District No. 329

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19231

Primary Registration District No. 4485

Registrar's No. 18

100 2 0

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Fornfelt
(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 —
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott
(c) City or town Fornfelt
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Thomas Taylor
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mary Kathrine Taylor
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Dec. (Month) 27 (Day) 1867 (Year)

8. AGE: Years 75 Months 4 Days 23 If less than one day ___ hr. ___ min.

9. Birthplace Noble (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Merchant
11. Industry or business Groceries
MOTHER FATHER
12. Name Edmond Taylor
13. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)
16. (a) Informant Chas H Taylor
(b) Address 8236 Maryland Ave Chicago Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Lightner Illmo Mo
18. (a) Signature of funeral director Bispinghoff Wubbard
(b) Address Illmo, Mo
19. (a) 5/26/1943 (Date received local registrar) (b) Mrs W. L. Tomlinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1943 hour 1:30 minute P. M.
21. I hereby certify that I attended the deceased from Sept 17, 1942 to May 20, 1943 that I last saw him alive on May 20 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Due to: Senility
Due to: 9
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations —
Of autopsy —

Duration

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? (Specify type of place)
While at work? (e) Means of injury —
23. Signature [illegible] (M. D. ~~or other~~)
Address Illmo Mo Date signed 5-22-43

1316 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 6343-240
Date Filed 6-3-43

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Minnie Bergenthoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.