

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 275

Primary Registration District No. 5938

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Rural...Newburg Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Admission  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Six Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Newburg Mo., Newburg Star Rt (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ( )

3. (a) PRINT FULL NAME Jack Lewis Taylor

3. (b) If veteran, name war ..... 3. (c) Social Security No. 500-16-3379

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Nora Taylor 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased June 28, 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 - 11 hr. min.

9. Birthplace Preston, Minn. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name John L. Taylor  
13. Birthplace: Dont Know (City, town, or county) (State or foreign country)  
14. Maiden name Dont Know  
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nora Taylor

(b) Address Newburg Star Rt. Newburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Null & Son Funeral Home

(b) Address 508 West 8th St., Rolla Mo.

19. (a) 5/29 1943 (Date received local registrar) (b) J. Gels (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1943 hour Approx 7 minute A M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
that I last saw him alive Dead on May 28th 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death Apoplexy

Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

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

Signature P. S. Null (M.D. or other) Null  
Address Rolla Mo Date signed 5/29/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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: *S. L. M. [Signature]*  
Licensed Embalmer No. *3397*  
P. O. Address: *Rolla 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.**