No. 2
5-42
17-39
X32873

PLEASE PRINT PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 25828

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 72

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SALE-BOWMAN Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON
(c) City or town NEOSHO (If outside city or town limits, write "RURAL")
(d) Street No. 511 MORROW ST (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME SOLOMON EMERY 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 MARRIED
6. (b) Name of husband or wife MAMIE TAYLOR
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased JUNE (Month) 2 (Day) 1871 (Year)
8. AGE: Years 72 Months 1 Days 11 If less than one day ..... hr. ..... min.
9. Birthplace RED KEY (City, town, or county) INDIANA (State or foreign country)
10. Usual occupation PAINTER + PAPER HANGER
11. Industry or business .....
12. FATHER Name SAMUEL TAYLOR
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. MOTHER Maiden name SARAH McKENNEY
15. Birthplace INDIANA (City, town, or county) (State or foreign country)
16. (a) Informant Mamie Taylor
(b) Address 511 Morrow St Neosho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Neosho I.O.O.F. Cem.
18. (a) Signature of funeral director Carley Thompson
(b) Address Neosho Mo.
19. (a) 7-26-1943 (Date received local registrar) (b) Carley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 24 year 1943 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from May 1 1943, to July 24 1943 that I last saw him alive on July 24 1943 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Acute Nephritis | |
| Due to Arteriosclerosis and Hypertension | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations none
Of autopsy none

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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....
23. Signature Melvin C. Bowman (M. D. or other) MD
Address Neosho, Mo Date signed July 26 43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-6-43

District Health Officer No. [illegible]

District File Number 843-[illegible]

Date Filed 8-7-43

## 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 Noah H Johnson, Registered Apprentice No. 340 working under my personal supervision.

Signed Carly Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

No. 2B
—5-43
X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. ____

Registration District No. 245 Primary Registration District No. 8047 Registrar's No. 72

**1. PLACE OF DEATH:**
(a) County: Newton
(b) City or town: Neosho (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 years, months or days) In this community ____

**2. USUAL RESIDENCE OF DECEASED:**
(a) State ____ (b) County ____
(c) City or town ____ (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: Solomon Emery Taylor
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: June (Month) 2 (Day) 1868 (Year)
8. AGE: Years 72 Months ____ Days ____ If less than one day: ____ hr. ____ min.
9. Birthplace: ____ (City, town, or county) 2nd (State or foreign country)
10. Usual occupation ____
11. Industry or business ____
FATHER 12. Name ____
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)
MOTHER 14. Maiden name ____
15. Birthplace ____ (City, town, or county) ____ (State or foreign country)
16. (a) Informant ____
(b) Address ____
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation ____
18. (a) Signature of funeral director ____
(b) Address ____
19. (a) ____ (Date received local registrar) (b) ____ (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July Day 24 year 1943 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____, 19__ to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.
Immediate cause of death: acute nephritis — Duration 3 weeks
Due to: arteriosclerosis and hypertension
Due to: Chronic Nephritis — unknown
Other conditions: (Include pregnancy within 3 months) [redacted]
Major findings:
Of operations ____
Of autopsy ____

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: Melvin C. Bowman (M. D. or other)
Address: Neosho, Mo. Date signed Aug 12-43

SUPPLEMENTARY

S-25628