

FILED JUL 19 1948

Registration District No. 344

Primary Registration District No. 6159

Registrar's No. _____

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

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1. PLACE OF DEATH:

(a) County Stone

(b) City or town Lampe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone

(c) City or town Lampe
(If outside city or town limits, write "RURAL")

(d) Street No. Jural
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Henry Taylor

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Belle Taylor

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Sept. 14, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	7	12	hr. min.

9. Birthplace Stone Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Taylor

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

14. Maiden name Anna Owens

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

16. (a) Informant _____

(b) Address _____

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof April 23, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation McCullough Cemetery

18. (a) Signature of funeral director Nelson Funeral Home

(b) Address Berryville, Ark.

19. (a) 6-7-43
(Date received local registrar)

(b) Chester D. Seal
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 26, 1943
year _____ hour 11 P M minute _____ M.

21. I hereby certify that I attended the deceased from April 26th, 1943 to Apr. 26th, 1943, 19____
that I last saw him alive on April 26th, 1943, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Antonie's disease

Due to Hard work and age.

Due to _____

Other conditions 97
(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) (d) Means of injury _____

23. Signature W.P. Cottrell
W.P. Cottrell
Beards Spring, Mo.
(M. D. or other)

Address _____ Date signed 6/5/43

Duration

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

1195

Dr Cottrell

RECEIVED

District Health Officer No. 6,

District File Number 743-852

Date Filed JUL 16 1943

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.)

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