

ED AUG 31 1943

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Pemiscot

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

(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 _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County 999

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

(d) Street No. 103 Mobile St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Hermon T. Taylor

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

4. Sex male 5. Color or race col. 6. (a) Single, widowed, married, divorced 9

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

7. Birth date of deceased May 16 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 41 2 hr. _____ min.

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

10. Usual occupation unknown

11. Industry or business _____

12. Name unknown

13. Birthplace unknown (City, town, or county) (State or foreign country) 9

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant _____

(b) Address _____

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 7 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Arkansas

18. (a) Signature of funeral director H.D. Small

(b) Address Caruthersville, Mo.

19. (a) Aug 7 1943 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6 year 1943 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to STAB WITH KNIFE

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

167

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence August 6, 1943

(c) Where did injury occur? Caruthersville Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? PUBLIC PLACE

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter D. ... (J.P. acting Registrar)

Address Caruthersville, Mo 2 Date signed 8/7/43

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

MOTHER FATHER

SEP 1 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 H. J. Smith

....., Registered Apprentice No.
working under my personal supervision.

Signed H. J. Smith

Licensed Embalmer No. 3900

P. O. Address Care, Hershey, Pa.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 57

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Cambersville
(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
In this community _____ years, months or days) (Specify whether

3. (a) PRINT FULL NAME Norman J. Taylor
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race C
6. (a) Single, widowed, married, divorced unknown
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive unknown
7. Birth date of deceased May 16 1916
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days _____ Unless than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Several associated

(b) Address all Negroes

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Jessie H. Marney
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I have seen him/her alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

28974