

FILED DEC 6 1943

Registration District No. 75

Primary Registration District No. 3015

State File No. \_\_\_\_\_

Registrar's No. 71

1. PLACE OF DEATH Clinton

(a) County Cameron

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

(c) Name of hospital or institution:  
507 N. Main St., Cameron Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO  
(Specify whether \_\_\_\_\_)

In this community Life time.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

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

(d) Street No. 507 N. Main St.  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT George Wm. Taylor  
FULL NAME

3. (b) If veteran, no name war \_\_\_\_\_

3. (c) Social Security No. no

4. Sex Male 5. Color or Race W

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

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

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Apr 2 1870  
(Month) (Day) (Year)

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

73 7 22 hr. \_\_\_\_\_ min.

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

10. Usual occupation Baker

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Alphonse S Taylor

13. Birthplace Mo record N.Y.  
(City, town, or county) (State or foreign country)

14. Maiden name No record

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

16. (a) Informant Mrs. George W Taylor

(b) Address Cameron Mo.

17. (a) Burial (b) Date thereof 11-27-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Polish Funeral Home

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Cameron

19. (a) Nov. 26, 1943 (b) Mrs. Kathleen Harris  
(Date received local registrar) (Registrar's signature)

10913 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24  
year 1943 hour 6:30 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 1943 to Nov 24 1943

that I last saw him alive on Nov 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris

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)

(c) Means of injury \_\_\_\_\_

23. Signature M. J. Harris (M. D. or other) \_\_\_\_\_  
Address Cameron Mo. Date signed Nov 26 1943

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

DEC 22 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 Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address Cameron 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.**