. S. No. 2
M—9-4-41
ev. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. F 38483

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 655

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1809 Grand Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In ~~hospital~~ or institution 12 days (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City (If outside city or town limits, write "RURAL")
(d) Street No. 113 E. Daugherty (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME HENRY TAYLOR

3. (b) If veteran, name war No data
3. (c) Social Security No. None

4. Sex M
5. Color or race W
6. (a) Single, ~~widowed~~, married, ~~divorced~~ 1
6. (b) Name of husband or wife Sarah Taylor
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased March (Month) 14 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
83	8	13	____ hr. ____ min.

9. Birthplace Buckhannon Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Blind Pension
11. Industry or business
FATHER
12. Name Wm. N. Taylor
13. Birthplace No data (City, town, or county) No data (State or foreign country)
MOTHER
14. Maiden name Sarah Roland
15. Birthplace no data (City, town, or county) no data (State or foreign country)
16. (a) Informant Widow Sarah Taylor
(b) Address Webb City, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/29/43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery Carthage
18. (a) Signature of funeral director Hedge Nelson
(b) Address Webb City, Mo
19. (a) 11/29/43 (Date received local registrar) (b) Justus Sunshoulter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27 year 1943 hour 1:30 minute A. M.
21. I hereby certify that I attended the deceased from Nov. 13, 1943, to Nov. 27, 1943 that I last saw h. 1 M. alive on Nov. 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

108

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 Dr. C. C. Coats (M.D. ~~or other~~)
Address Frisco Bldg. Date signed 11/29/43

(Licensed Embalmer's Statement on Reverse Side) Joplin, Mo.

43-11-955

APR 7 1954

NOV 6 1958

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. 2859

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.