

FILED DEC 18 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38570

State File No.

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Harrison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1915 South 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 60 yrs (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Lafayette
(c) City or town Harrison
(If outside city or town limits, write "RURAL")
(d) Street No. 1915 South
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MARY R. TAYLOR

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

4. Sex Fe 5. Color or race w 6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife..... Robt Taylor 6. (c) Age of husband or wife if alive..... — years
7. Birth date of deceased..... July 8 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 3 21 hr. min.

9. Birthplace Hampshire Co. W. Va
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER { 12. Name Archibald Vanduser
13. Birthplace Hampshire Co. W. Va
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Williams
15. Birthplace Hampshire Co. W. Va
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T. A. Wal Ker
(b) Address Harrison, Mo
17. (a) Burial (b) Date thereof 11-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Higginsville, Mo
18. (a) Signature of funeral director Whitaker
(b) Address Harrison, Mo

19. (a) Dec-1-43 (b) Mad. Fred Schwab
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1943 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 30, 1943 to Oct 30, 1943
that I last saw h. w alive on Oct 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cranary infection sepsis

Due to.....

Due to..... 94

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 Dr. C. C. Lucas (M. D. or other)
Address Harrison, Mo Date signed 11/5/43

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

Byland

RECEIVED

District Health Officer No. 9

Date

12-10-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Garret I. Kempel*

Licensed Embalmer No..... *3275*

P. O. Address..... *Lexington, N.C.*

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.