

No. 2  
-2-43  
-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12085

FILED JAN 14 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 713

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

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:  
24th and Iron Gates  
(If not in hospital or institution, write street number or location)

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

In this community 45 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 24th and Iron Gates  
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Wesley Taylor

3. (b) If veteran, name war unknown

3. (c) Social Security No. 488-16-2407

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased September 13, 1885  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>3</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation engineer

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

MOTHER FATHER { 12. Name John Taylor

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

14. Maiden name Susan Welmer

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

16. (a) Informant Mrs. Alpha Conner

(b) Address Joplin, Missouri

17. (a) burial (b) Date thereof 12/30/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 12-30-43 (b) Arthur S. Sudduth  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28  
year 1943 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec. 7th  
P.M. to 43 Dec. 28th 1943  
I saw him alive on Dec. 28th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration \_\_\_\_\_

Due to Pulmonary collapse

Due to Tuberculosis

Other conditions (Include pregnancy within 3 months of death) 13 ft

Major findings: 5 cm. 8th rib left side  
Of operations needed for drainage, 2-9-43

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. E. Martin (M. D. or other) DE

Address 2114 So. Joplin Date signed 12-29-43

1264

(Licensed Embalmer's Statement on Reverse Side)

47-12-1697

APR 28 1947

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 *Steve D. Parker*

Licensed Embalmer No. *2348*

P. O. Address *Jefferson*

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.