

FILED JAN 31 1944

State File No.

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 64

1. PLACE OF DEATH:

(a) County... Barton
(b) City or town... Lamar
(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...
In this community... 41 years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Barton
(c) City or town... Lamar
(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... /

3. (a) PRINT FULL NAME HETTIE LEE TAYLOR

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

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced / Widowed /
6. (b) Name of husband or wife James H. Taylor 6. (c) Age of husband or wife if alive... Years
7. Birth date of deceased September / 1872 /
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 28 hr. min.

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

10. Usual occupation Housewife

11. Industry or business
12. Name George Lingle
13. Birthplace Penn. /
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Langford
15. Birthplace Louisiana /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Harrison
(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof Dec 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cemetery

18. (a) Signature of funeral director Konantz Funeral Home

(b) Address Lamar, Missouri

19. (a) 12/29/43 (b) (Registrar's signature)
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1943 hour 2 minutes 50 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

Arterial Occlusion

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?

(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 [Signature] Address [Address] Date signed 12/29/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1179

RECEIVED

District Health Officer No. 6

District File Number 144-105

Date Filed JAN 24 1944

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.....

Carl J. Konantz

Licensed Embalmer No. 22478

P. O. Address Lamar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply 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. Feb
Registrar's No. 64

Registration District No. 15 Primary Registration District No. 2004

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Jamay
(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 _____ (Specify whether _____)
years, months or days

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Sept 29 1887
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 1 If less than one day _____ min.

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

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 Mrs John Harrison
(b) Address Jamay Mo.

17. (a) _____ (b) Date thereof 12-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cem.

18. (a) Signature of funeral director _____
(b) Address Jamay Mo

19. (a) 2/8/44 (b) Martine Kivick
(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 Dec Day 27 Year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ 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

1971