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FILED FEB 1 1944  
Registration District No. **38**

Primary Registration District No. **8-0-0-6-5120** Registrar's No. **318**

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

1. PLACE OF DEATH:

(a) County **Boone**

(b) City or town **Rural Missouri**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1 1/2 Miles N.W. of Mt. Zion**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Reba Taylor**

3. (b) If veteran, name war

3. (c) Social Security No. **1**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Edna Taylor**

6. (c) Age of husband or wife if alive **33 years**

7. Birth date of deceased: **Jan 7 1909**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>38</b>	<b>11</b>	<b>20</b>	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER

12. Name **Frank Nichols**

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

14. Maiden name **Lura Sopp**

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

16. (a) Informant **Edna Taylor**

(b) Address **Columbia, W.F.D.# 3**

17. (a) **Burial** (b) Date thereof **12/26/1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Liberty**

18. (a) Signature of funeral director **W. P. Burnett**

(b) Address **As Above Missouri**

19. (a) **12-26-1943** (b) **Edna H. Barber**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**

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

(d) Street No. **1 1/2 Miles N.W.**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **3** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **24**  
year **1943** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Cause of Death**

Due to **Primary Injunct.**

Due to **S + ill under investigation**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **as above**

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) **(Exposure)**

(b) Date of occurrence **Dec 24 - 43**

(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?  
**on a Public Road**  
(Specify type of place) (e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_

23. Signature **Jarin McLean** **2**  
(M.D. or other)

Address **Columbia Mo** Date signed **1/2/44**

**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 Me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed... W<sup>m</sup> C. Burnett

Licensed Embalmer No. 3567

P. O. Address, Oakland 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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB

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

Registration District No. 38

Primary Registration District No. 5120

Registrar's No. 318

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Rural  
(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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Reba 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 M

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

7. Birth date of deceased Jan (Month) 4 (Day) 1900 (Year)

8. AGE: Years 35 Months 11 Days \_\_\_\_\_ (If less than one day) \_\_\_\_\_ min.

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

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 \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

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

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (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 \_\_\_\_\_ year \_\_\_\_\_ 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)

PHYSICIAN

Major findings: Of operations \_\_\_\_\_  
Of autopsy as above (1) 168

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) homicide  
(b) Date of occurrence 12-30-43  
(c) Where did injury occur? low knee (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? near home accordingly telephone  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury none  
23. Signature Marion McAdams (M.D. or other) \_\_\_\_\_  
Address Columbia, Mo Date signed Mar 8 1944

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

SUPPLEMENTARY

2070