

Dr. English
Evans

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 23 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7095

Registration District No. 132

Primary Registration District No. 4174

Registrar's No.

35
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County DUNKLIN

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

(c) Name of hospital or institution: ENGLISH CLINIC
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State ARK. (b) County MISSISSIPPI

(c) City or town LEACHVILLE, Rte 2
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME MARVIN WILLIAM TAYLOR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 16
year 1944 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from Jan 14 to 1-16, 1944; that I last saw him alive on 1-16, 1944; and that death occurred on the date and hour stated above.

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased APRIL 21 1913
(Month) (Day) (Year)

8. AGE: Years 0 Months 8 Days 25 If less than one day hr. min.

9. Birthplace MISSISSIPPI CITY ARK
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name MARVIN FRANKLIN TAYLOR

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

14. Maiden name IRENE VERDICT

15. Birthplace JACKSON CITY ARK
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin F. Taylor
(b) Address Leachville, Ark.

17. (a) BURIAL (b) Date thereof 1/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BROWNS CHAPEL

18. (a) Signature of funeral director W. W. Howard

(b) Address LEACHVILLE, ARK.

19. (a) 1-18-44 (b) M. G. Moore
(Date received local registrar) (Registrar's signature)

Immediate cause of death Pulm. Bronchopneumonia

Due to Stenosis of small intestine Duration 2 days

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12282

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 W. W. English (M.D. or other) MD
Address Cardwell, Mo. Date signed 1-19-44

1013

RECEIVED

District Health Office No. 2,

District File Number 244-357

Date Filed 2-21-44

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.....

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

Signed W. W. Howard

Licensed Embalmer No. 3959

P. O. Address Seachuck, Ark

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.