

1. PLACE OF DEATH:  
 (a) County Randolph  
 (b) City or town Rural Salt River  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution R.F.D. #1 Madison, Mo  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none  
(Specify whether)  
 In this community entire life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Randolph  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. #1 Madison  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country no

3. (a) PRINT FULL NAME CALLIE ETHEL TAFT  
 (b) If veteran, name war none  
 (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb. day 10<sup>th</sup>  
 year 1944 hour 10 minute 00 P.M.  
 21. I hereby certify that I attended the deceased from FEB 2  
1944, to FEB 10 1944  
 that I last saw h. aw alive on FEB 10 1944  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married divorced  
 (b) Name of husband or wife Ernest Taft 6. (c) Age of husband or wife if alive 59 years  
 7. Birth date of deceased Jan-11-1892  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Uterus 1 year  
 Duration

8. AGE: Years 52 Months 0 Days 30  
 If less than one day hr. min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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

10. Usual occupation Housewife

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

12. Name John M. Webb

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

14. Maiden name Virginia Smith

15. Birthplace Randolph Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest R. Taft

(b) Address R.F.D. #1 Madison Mo

17. (a) Rural (b) Date thereof Feb-13-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Felpos Cemetery

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

(b) Address Madison Mo

19. (a) 2-12-44 (b) Jenna Kove  
(Date received local registrar) (Registrar's signature)

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?  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury 2

23. Signature C. A. Stojewski (M. D. or other) DO  
 Address Jacksonville Mo Date signed Feb 12, 1944

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

78  
000

RECEIVED

District Health Officer No. 10

District File Number 3-44-608

Date Filed MAR 10 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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moherly 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.