

S. No. 2
M-5-42
5-17-39
P-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11278**
Registrar's No. **144**

FILED MAR 27, 1944

Registration District No. **128**

Primary Registration District No. **2001**

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

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin**
(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
In this community **33 Years**
years, months or days

3. (a) PRINT FULL NAME **John B. Taylor.**
3. (b) If veteran, name war **N o**
3. (c) Social Security No. **-----**

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Anna**
6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **June 27th 1863**
(Month) (Day) (Year)

8. AGE: Years **80** Months **8** Days **13**
If less than one day hr. min.

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

10. Usual occupation **retired**

11. Industry or business *********

MOTHER FATHER
12. Name **William Taylor**
13. Birthplace **No record.**
(City, town, or county) (State or foreign country)
14. Maiden name **Catherine Stout**
15. Birthplace **No record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Anna Taylor**
(b) Address **806 Empire St**

17. (a) **Burial** (b) Date thereof **3-13th 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope**

18. (a) Signature of funeral director **Harebut High Co**

(b) Address **Joplin Mo**

19. (a) **3-13** (b) **Justin S. Sudbeck**
(Date received local registrar) (Registrar's signature)

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. **806 Empire**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **11th**
year **44** hour **3** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Feb 4**
19 **41**, to **3/11/44**, 19 **44**;
that I last saw him alive on **3-9-44**, 19 **44**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic nephritis**
Chronic myocarditis
Duration **4-5 yrs**

Due to
Due to

Other conditions **13/a**
(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?

(Specify type of place)
While at work (e) Means of injury

23. Signature **Joplin Mo** (M. D. or other)
Address **Joplin Mo** Date signed **3/10/44**

44-3-247

APR 3 1950

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..... *Perry K. Hurlbut*
Licensed Embalmer No..... *959*
P. O. Address..... *Jules Rice*

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.