

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 4 1944

UNITED STATES BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14046
Registrar's No. 17

Registration District No. 30 Primary Registration District No. 4038

1. PLACE OF DEATH:
(a) County Renton
(b) City or town Warsaw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton
(c) City or town Warsaw
(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 Alice Taylor Sterett
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 16
year 1944 hour 8 minute 35 P.M.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife William B. Sterett
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 11 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1, 1944, to Apr 16, 1944
that I last saw her or alive on 4-16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis & Interstitial Nephritis
Duration 6 yrs

8. AGE: Years Months Days If less than one day
84 3 5 hr. _____ min.

Due to _____
Due to _____

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

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation _____
11. Industry or business _____

Major findings: 131 f
Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name Mark A. Taylor
13. Birthplace Lee County West Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Warren
15. Birthplace Lee County West Virginia
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Stanley Gregory
(b) Address Warsaw, Mo.
17. (a) burial (b) Date thereof Apr. 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Riverside Cemetery
18. (a) Signature of funeral director White-Reser
(b) Address Warsaw, Mo.
19. (a) 4/18/44 (b) Jas. A. Logan
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature James A. Logan (M. D. or D. O.)
Address Warsaw Mo Date signed 4/18/44

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 4 1947

RECEIVED

District Health Officer No. 7,

District File Number 3-44-539

Date Filed 5-2-47

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed *Howard H. [Signature]*

Licensed Embalmer No..... 3053

P. O. Address Warsaw, 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.