

No. 2  
4-2-43  
5-17-39  
-1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17347

FILED JUN 5 1944  
Registration District No. 17

Primary Registration District No. 5076

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Barton

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

(c) Name of hospital or institution:  
Four mile N.E. of Jasper, Mo. /  
(If not in hospital or institution, write street number or location)

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

In this community 50 years

3. (a) PRINT FULL NAME John Bernard Taffner

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male  White

5. Color or race \_\_\_\_\_

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Margaret Taffner

6. (c) Age of husband or wife if alive, dead years \_\_\_\_\_

7. Birth date of deceased Jan. 24th. 1851  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>4</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Same

12. Name John Taffner

13. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Taffner

(b) Address Jasper, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Oakton Cem.

18. (a) Signature of funeral director Chas. J. Teeter

(b) Address Jasper, Mo.

19. (a) June 1 (Date received local registrar) (b) mas. John Davis (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

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

(d) Street No. 4 mile N.E. of Jasper Mo.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1944 hour Two P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 5-25 \_\_\_\_\_, 1944, to 5-31 \_\_\_\_\_, 1944;  
that I last saw him alive on 5-31 \_\_\_\_\_, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Bloc.

Due to Chronic Valvular Heart Disease

Due to \_\_\_\_\_

Other conditions 92d  
(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? \_\_\_\_\_

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

23. Signature W.H. Knott M.D. (M. D. or other)

Address Jasper, Mo. Date signed 6-1-44

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

MOTHER FATHER

45

(Licensed Embalmer's Statement on Reverse Side)

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 Phus J. Tuter

Licensed Embalmer No. 2566

P. O. Address Jasper 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.