

FILED JUN 20 1944

Registration District No. 169

Primary Registration District No. 5623

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Novelty, (rural) Salt River
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution 1
In this community Life.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

State Missouri (b) County Knox
(c) City or town Novelty, (rural) Salt River
(d) Street No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Nathaniel Skinner Taylor

3. (b) If veteran, name war _____ 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 Ella Coe 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Oct - 13 - 1862.
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 20 If less than one day
hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

FATHER
MOTHER

12. Name Nat S. Taylor
13. Birthplace uk
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Washburn
15. Birthplace uk
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nat Taylor
(b) Address Novelty, Missouri.
17. (a) burial (b) Date thereof April-6-1944.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation COB Cemetery, Knox Co.

18. (a) Signature of funeral director Neil Hudson
(b) Address Edina, Missouri
19. (a) 4-10-44 (b) Will North
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd
year 1944 hour 1:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Mar 31 1944
to April 3 1944
that I last saw him alive on April 2nd
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular
renal disease
Duration 1992
Due to Nephritis and Myocarditis
Due to _____

Other conditions _____
Major findings: 13/a
Of operations _____
Of autopsy _____
PHYSICIAN _____

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____
23. Signature E. O. Holmes
Address Novelty MO
Date signed April 12-44

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

5200

RECEIVED

District Health Officer No. 10

District File Number 6-44-1182

Date Filed JUN 15 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 Keith Hudson

Licensed Embalmer No. 2413

P. O. Address Edina, Minn.

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.