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24864 ✓

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 26 1944

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Grange
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County E. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 14 years years, months or days)

3. (a) PRINT FULL NAME

Mary E Taul

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race Wh.

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

6. (b) Name of husband or wife Wiley J Taul

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased November 12 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 28 If less than one day hr. min.

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

10. Usual occupation Retired housewife

11. Industry or business

12. Name John W. Tauls

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

14. Maiden name Florence E. Lucas

15. Birthplace Princeton, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Smith

(b) Address 110 S. Liberty, Ind. Mo.

17. (a) Removal (b) Date thereof 6-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miss. N. Dakota

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo.

19. (a) June 13, 1944 (b) H. Schickel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 110 South Liberty
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1944 hour 1 minute 00 P.M.

21. I hereby certify that I attended the deceased from 5-29 1944 to 6-10 1944
that I last saw h. alive on 6-10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 15 yrs
Chronic glomerulonephritis 4 yrs

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

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 _____ (M. D. or other) _____
Address _____ Date signed 9/12/44

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

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

1800

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

Floyd C. Carson

Licensed Embalmer No. *4199*

P. O. Address

Independence

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.