

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24947

State File No. \_\_\_\_\_

FILED AUG 14 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 365

## 1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether years, months or days)

In this community 50 years

3. (a) PRINT FULL NAME John A. Taylor

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

3. (c) Social Security No. 491-01-3987

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle C. 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased November 16, 1895  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>8</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation Buyer11. Industry or business Interstate Grocery Co.

12. Name No RECORD

13. Birthplace No RECORD 9  
(City, town, or county) (State or foreign country)

14. Maiden name No RECORD

15. Birthplace No RECORD 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle C. Taylor 1(b) Address Olivia Apt., Joplin, Mo.17. (a) Burial (b) Date thereof 7-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation OZARK MEMORIAL PARK18. (a) Signature of funeral director Hurlbut Und. Co.(b) Address Joplin, Missouri19. (a) 7-27-44 (b) Geitman Hurlbut  
(Date received local registrar) (Registrar's signature)

1204 (Licensed Embalmer's Statement on Reverse Side)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL")

(d) Street No. Olivia Apartments 5  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1944 hour 12:30 P. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 1  
1944 to July 24 1944;  
that I last saw him alive on July 24 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chc Antriatitut Hurlbut  
Chy Myocarditis Duration 8 mo

Due to Acute Cardiac dilatation 10  
Pulmonary Oedema 8g

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 12/1a

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:

(c) 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 [Signature] (M. D. or other) md  
Address Joplin Mo Date signed 7/25/44

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

44-7-686

OCT 11 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

*Terry K. Hurlbert*

Licensed Embalmer No.

959

P. O. Address

*Japan, Me*

**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.