

FILED JUL 20 1944

Registration District No. 175

Primary Registration District No. 3036

72

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
West Tyndall St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. West Tyndall St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Taylor

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife John M Taylor 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased June 21 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 21 If less than one day hr. min.

9. Birthplace Ill, I
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Milleson
13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)
14. Maiden name Martha Potts
15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant John M Taylor
(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 6/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Near Rocky Comfort Mo.

18. (a) Signature of funeral director J.F. King
(b) Address Aurora Mo.

19. (a) 6-12-44 (b) Ernie [unclear]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 P.
year 1944 hour 2.30 minute M.

21. I hereby certify that I attended the deceased from May 11, 1944, to June 11, 1944
that I last saw her er alive on June 11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis, cerebral Duration 1 month

Due to Atherosclerosis cerebral

Due to _____

Other conditions Hypertension, ascending
(Include pregnancy within 6 months of death)

Major findings: Of operations none 830!
Of autopsy none

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 Bennett [unclear] (M. D. or other) no
Address Aurora, Mo. Date signed 6/17/44

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

1 X32873
2 5
1-1

1156

RECEIVED

District Health Officer No. 6;

District File Number 744-844

Date Filed JUL 17 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.....

Herma Curridge

Licensed Embalmer No. 3072

P. O. Address. Aurora, Ill.

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.