

No. 2
1-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 5 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38295

Registration District No. 199

Primary Registration District No. 4311

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Macon

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

(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 _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

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

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME George W. Taylor

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 23
year 1944 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from 9-1-44
_____ 19____ to 10-26 1944
that I last saw him alive on 10-26
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Minnie Taylor 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

Immediate cause of death Acute myocardial infarction Duration 21 days

Due to Hypertensive heart disease

Due to arterio sclerosis

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 78 Months 9 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Wayne Co Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

Major findings:
Of operations 930

Of autopsy _____

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

MOTHER FATHER

11. Industry or business _____

12. Name James A. Taylor

13. Birthplace W. Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Stewart

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

16. (a) Informant Stewart Taylor
(b) Address Dallas Mo

17. (a) Burial (b) Date thereof 10-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macon

18. (a) Signature of funeral director W. J. Edwards
(b) Address Bevier Mo

19. (a) Nov 20, 1944 (b) W. J. Allen
(Date received local registrar) (Registrar's signature)

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 2

23. Signature P. J. Dundero Do.
Address Dallas Date signed 11/16/44

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

1043

MAR 27 1945

RECEIVED

District Health Officer No. 10

District File Number 12-44-1931

Date Filed DEC 4 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

M. E. Edwards

Licensed Embalmer No. 1961

P.-O. Address Beverly 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.