

S. No. 2
M-8-43
5-17-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38467**

FILED DEC 13 1944

Registration District No. **251**

Primary Registration District No. **3048**

Registrar's No. **175**

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

1. PLACE OF DEATH:
 (a) County **Nodaway**
 (b) City or town **Maryville**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **10 hours**
(Specify whether)
 In this community **33 years**
years, months or days)

3. (a) PRINT FULL NAME **Wilford Ernest Taylor**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **no**

4. Sex **male**
 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Effie Taylor**
 6. (c) Age of husband or wife if alive **65** years
 7. Birth date of deceased **February 14 1879**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	9		hr. min.

9. Birthplace **Battle Creek Michigan**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business
 12. Name **Samuel Taylor**
 13. Birthplace **un known Mich.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Lena Berrell Mich**
 15. Birthplace **un known Mich**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Effie Taylor**
 (b) Address **Maryville, Mo.**

17. (a) **burial** (b) Date thereof **11-16-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Miriam cemetery**

18. (a) Signature of funeral director **Price Funeral Home**
 (b) Address **Maryville Mo**
 19. (a) **11-18-44** (b) **Ally Barber**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Nodaway 74**
 (c) City or town **Maryville (Rural)**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3 miles N.W.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **U**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **November** day **14**
 year **1944** hour **5** minute **A.** M.
 21. I hereby certify that I attended the deceased from **Sept 20**
 19**44**, to **Nov 14** 19**44**;
 that I last saw him alive on **Nov 13** 19**44**;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Chr myocarditis
Chr Prostatitis
Arterio Sclerosis
 Due to
 Other conditions (Include pregnancy within 3 months of death) **abd**
 Major findings:
 Of operations
 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:
 (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 **JM Boyles** (M. D. or other)
 Address **Maryville Mo** Date signed **11-15-44**

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Clem M Price

Licensed Embalmer No. *1822*

P. O. Address.....

Mayville 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.