

FILED DEC 7 1944

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2359

1. PLACE OF DEATH:
 (a) County St Louis
 (b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Koch Hosp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 47 days
(Specify whether
 In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County 000
 (c) City or town St Louis 13
(If outside city or town limits, write "RURAL")
 (d) Street No. 2305 a Cole 9
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME J. W Taylor
 3. (b) If veteran, name war _____
 3. (c) Social Security No. yes

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 11 day 27
 year 44 hour 9 minute 00 P.M.
 21. I hereby certify that I attended the deceased from 10
10, 1944 to 11-27- 1944
 that I last saw him alive on 11-27- 1944
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race N
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Edna Taylor
 6. (c) Age of husband or wife if alive ? years
 7. Birth date of deceased 12 16 02
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day
41 11 19 hr. _____ min. _____
 9. Birthplace Madison County Tenn
(City, town, or county) (State or foreign country)
 10. Usual occupation Laborer

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? _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Tom Taylor
 13. Birthplace Madison County Tenn
(City, town, or county) (State or foreign country)
 14. Maiden name Jessie Morgan
 15. Birthplace Madison County Tenn
(City, town, or county) (State or foreign country)
 16. (a) Informant Hosp Records
 (b) Address Koch Hosp, Koch Mo
 17. (a) Burial (b) Date thereof Dec 2, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Father Dickson
 18. (c) Signature of funeral director Dement & Son
 (b) Address 2629-31 Cole St.
 19. (a) DEC 1 1944 (b) E. J. McLawrence
(Date received local registrar) (Registrar's signature) (Address) Koch Hosp, Koch, MO. Date signed 11-28-44

While at work? _____ (Specify type of place)
 (e) Means of injury D

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

16000

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..... *W. Claude Gordon*

Licensed Embalmer No..... *3489*

P. O. Address..... *City*

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.