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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 57

Registration District No. 348

Primary Registration District No. 45 To 6173

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

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Logood Mo Rural. Boone Co
(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 Sullivan MO
(c) City or town Logood Mo Rural.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 28
year 1944 hour 9 minute 52 A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced M.
(b) Name of husband or wife Mrs Lucy Taylor
(c) Age of husband or wife if alive 74 years
7. Birth date of deceased Sept 7 - 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-1-1944 to 11-28-1944
that I last saw him alive on 11-13-1944
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 2 Days 21
If less than one day _____ hr. _____ min.

Immediate cause of death Organic heart lesion. Mitral regurgitation.
Due to _____
Duration 20 yrs

9. Birthplace Sullivan Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Farming

Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Samuel Taylor
13. Birthplace Penn
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Milhite
15. Birthplace Sullivan Co Mo
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Lucy Taylor
(b) Address Logood Mo Rural.
17. (a) Burial (b) Date thereof Nov 30 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Milhite Cem.
18. (a) Signature of funeral director PK Warren Tson
(b) Address Galp Mo
19. (a) Dec. 3. -44 (b) Brite Caldwell
(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?
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature H. C. Weston (M.D. or other) _____
Address Galp, Mo. Date signed 11-30-44

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.....

P.R. Payne Jr

Licensed Embalmer No.....

3400

P. O. Address.....

Galt

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.