

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 10

1. PLACE OF DEATH:

(a) County COOPER  
(b) City or town BOONVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
201 FIRST ST.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community LIFE  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER  
(c) City or town BOONVILLE  
(If outside city or town limits, write "RURAL")  
(d) Street No. 201 FIRST ST.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME BARBARA SUE TAYLOR

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased JULY 30 1944  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 5 17 hr. min.

9. Birthplace BOONVILLE MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business CHILD

12. Name J. W. SIMMONS  
13. Birthplace COOPER COUNTY MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name DOROTHY TAYLOR  
15. Birthplace HOWARD COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant DOROTHY TAYLOR  
(b) Address BOONVILLE, MO.

17. (a) BURIAL (b) Date thereof JAN 18, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation WALNUT GROVE CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG  
(b) Address BOONVILLE, MO.

19. (a) Jan-18-45 (b) Dr Chas. Sweeps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 16th  
year 1945 hour 10:30 minute a.m.

21. I hereby certify that I attended the deceased from 1-16 1945 to 1-16 1945  
that I last saw her alive on 1-16 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute enteritis Duration 2 da

Due to 1196  
Due to.....

Other conditions Broncho Pneumonia  
(Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy none

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) (c) Means of injury 0  
23. Signature J. C. Baskett, M.D.  
Address Boonville mo Date signed 1-18-45

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

LIVED

Health Officer No. 8,

2-1-25

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..... *James W. Stegner* .....

Licensed Embalmer No. *3780* .....

P. O. Address..... *Boonville, 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.