. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 22 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3761

Registration District No. 341 Primary Registration District No. 3075 Registrar's No. 62

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Dexter Mo
(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 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Dexter Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 103
(If rural, give location) 3
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country 0

3. (a) PRINT FULL NAME William Henry Taylor
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 18 1857 (Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Cuttington Co Ky 1 (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name James E Taylor
13. Birthplace Ky 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary A. Moore
15. Birthplace Ky 1 (City, town, or county) (State or foreign country)
16. (a) Informant W. T. Taylor
(b) Address Dexter Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter Mo
18. (a) Signature of funeral director Watkins Fund Sa
(b) Address Dexter Mo
19. (a) 1-4-1945 (Date received local registrar) (b) Nora Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1944 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec. 25, 1944 to Dec. 27, 1944 that I last saw him alive on Dec. 27, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Parenchymatous nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. Cannon (M.D. or other) DO
Address Dexter Date signed 12/28/44

1134 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 145-72
Date Filed 1-16-45

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Hayter 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.