S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1945

Registration District No. 2

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 6946

Registrar's No. 23

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 614 West End. 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 614 West End. St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Maggie Jane Taylor
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gilbert Taylor
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 4th (Day) 1882 (Year)

8. AGE: Years 62 Months 10 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Ky (State or foreign country)
10. Usual occupation At home
11. Industry or business
MOTHER FATHER
12. Name William M. Yates
13. Birthplace (City, town, or county) Ky (State or foreign country)
14. Maiden name Matilda Martin
15. Birthplace (City, town, or county) Ky (State or foreign country)
16. (a) Informant Gilbert Taylor
(b) Address Moberly, Mo
17. (a) Renoval (Burial, cremation, or removal) (b) Date thereof Feb 3rd 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Blooming ton Iowa
18. (a) Signature of funeral director Malone and Son
(b) Address Moberly Mo
19. (a) 2-3-45 (Date received local registrar) (b) Irma Wade (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2nd year 1945 hour 10 minute 50 P.M.
21. I hereby certify that I attended the deceased from Feb 2 (Yr) 19..., to ..., 19...; that I last saw him alive on Feb 2 (Yr) 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia — Duration 2 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Myocarditis — Several months
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) (Means of injury)
23. Signature R. E. Huber M.D. (M. D. or other)
Address Moberly Mo Date signed 2/3/45

1036

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-45-503
Date Filed MAR 9 1945

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.