

FILED FEB 28 1945

Registration District No. **201**

Primary Registration District No. **6036**

**1. PLACE OF DEATH:**  
 (a) County Ripley  
 (b) City or town Doniphan Township  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
at home, 4 miles south west. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 2 years

**3. (a) PRINT FULL NAME** George F. Taylor  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color of hair White 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Agilee Bailey 6. (c) Age of husband or wife if alive 71 years  
 7. Birth date of deceased Jan. 25 - 1874  
(Month) (Day) (Year)

**8. AGE:** Years 70 Months 11 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Crockett Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Joe Taylor  
 13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Dunning  
 (b) Address Front St. Doniphan  
 17. (a) removal (b) Date thereof 1-20-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Halls Tennessee

18. (a) Signature of funeral director H. Jordan  
 (b) Address Doniphan Mo.  
 19. (a) 2-15-45 (b) EB Johnston  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Ripley  
 (c) City or town Doniphan  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Rural 4 miles S. W. on 21.  
(If rural, give location)  
 (e) Citizen of foreign country? no 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan, day 19, year 1945, hour 12 minute 30 A. M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
 Due to Robert Pneumonia  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Duration 4 days  
**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 Clifford Jordan (M. D. or other) \_\_\_\_\_  
 Address Doniphan Mo Date signed 1/19/45

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

100

**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.....

Licensed Embalmer No. 32001

P. O. Address Monrovia

**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.**