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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 23 1945

Registration District No. 126

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 9959

Registrar's No. 130

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

Moody

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Olivia Apts Joplin, Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin, Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. Olivia Apts. Joplin, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Myrtle C. Taylor

3. (b) If veteran, name war no

3. (c) Social Security No. No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife John A. Taylor

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased May 21 (Month) 1876 (Day) (Year)

8. AGE: Years 68 Months 10 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Geo. E. Cady
13. Birthplace No Record 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Mc Clain
15. Birthplace No Record 9 (City, town, or county) (State or foreign country)

16. (a) Informant Paul Cady (Brother)
(b) Address Columbus Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 14, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Mem'l Cem

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Mo.

19. (a) 3-13-45 (Date received local registrar) (b) Gertrude Sudhalter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1945 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-5, 1945 to 8-12, 1945;
that I last saw her alive on 3-12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocarditis

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death) 9 30

Major findings:
Of operations

Of autopsy

Duration: Several years

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

22. If death was due to external causes, fill in the following:

(c) 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 [signature] (M. D. ~~or other~~)

Address Joplin Mo Date signed 3/13/45

12004

(Licensed Embalmer's Statement on Reverse Side)

45-3-227

APR 9 1948

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 Donald S. Blue, Registered Apprentice No. 377, working under my personal supervision.

Signed Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.