

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21574

State File No. \_\_\_\_\_

FILED JUL 12 1945

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 85

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada West, Tex.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
State Hosp No 3  
(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 4 years 9 days

3. (a) PRINT FULL NAME ELIAS-K-TAYLOR

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mary E Barton

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

7. Birth date of deceased Oct 24 1858  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>7</u>	<u>11</u>	hr. min.

9. Birthplace Christian Co Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation formerly farmer

11. Industry or business none

MOTHER FATHER

12. Name John Taylor

13. Birthplace unknown Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Malugin

15. Birthplace unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp No

(b) Address Nevada Mo.

17. (a) Burial (b) Date thereof 4-6-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dakota Lume Dakota Mo.

18. (a) Signature of funeral director Wilson Funeral Home

(b) Address Lamar Mo

19. (a) 6-5-45 (b) Nozel B Beneck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barton

(c) City or town Lamar  
(If outside city or town limits, write "RURAL")

(d) Street No. unknown  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5  
year 1945 hour 4 minute 40P M.

21. I hereby certify that I attended the deceased from May, 1944, to June 5, 1945  
that I last saw him alive on June 5, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Duration 1/2 day

Due to arteriosclerosis

Due to no

Other conditions Senile Dementia  
(Include pregnancy within 3 months of death)

Major findings: no operation  
Of operations \_\_\_\_\_

Of autopsy no autopsy

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

22. If death was due to external causes, fill in the following: no.

(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) (e) Means of injury

23. Signature Paul L Baran (M. D. or other)  
Address State Hosp No 3 Date signed June 6

1331 (Licensed Embalmer's Statement on Reverse Side) Nevada Mo

SEP 22 1947

Merrill, Mrs.

Mrs Merrick

1090 W

605 N Collins

RECEIVED

District Health Officer No. 7

District No. 6-45-620

Date Filed 7-11-45

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:

*E. L. Gibson*

Licensed Embalmer No. 4137

P. O. Address. *Samoa, 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.