

FILED AUG 24 1945

Registration District No. 33

Primary Registration District No. 3074

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

1. PLACE OF DEATH:

(a) County Sikeston Scott

(b) City or town Sikeston
(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 35 Years (Specify whether years, months or days)

In this community 35 Years

3. (a) PRINT FULL NAME Andrew Jackson Taylor

3. (b) If veteran, name war X

3. (c) Social Security No. 506-05-6903

4. Sex M / 1

5. Color or race W

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

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: 3 / 1 / 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Grays County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Harvey Taylor

13. Birthplace Unknown / 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Vaughn

15. Birthplace Unknown / 1
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Wood

(b) Address 803 Delmar St. Sikeston, Mo.

17. (a) Burial (b) Date thereof 7/29/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston, Mo.

19. (a) 8/12/45 (b) Laurie Largent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott / 16-0

(c) City or town 803 Delmar St. / 5
(If outside city or town limits, write "RURAL")

(d) Street No. Sikeston, Mo. / 2
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) / 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 27
year 1945 hour 1 minute 45 a.m.

21. I hereby certify that I attended the deceased from May 1945
1945 to 7-27 1945
that I last saw him alive on 7-27 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of mouth

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN _____

Major findings: Of operations 45

Of autopsy _____

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)

(e) Means of injury C

23. Signature E. D. Urban (M. D. or other) M. D.
Address Sikeston Date signed 8-7-45

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RECEIVED

District Health Office No. 2,

District File Number 845-2939

Date Filed 8-21-45

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.....
.....Embalmed..... Registered Apprentice No.....
working under my personal supervision.

Signed

John Alston

Licensed Embalmer No. 2941

P. O. Address Sikeston, 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.