No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30311

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 277

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St.Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether

In this community 2 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Sikeston Rt.# 2 (If outside city or town limits, write "RURAL") 0

(d) Street No. ½ mile East Sikeston (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country x

3. (a) PRINT FULL NAME Martha Louiza Taylor

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 4

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 21, (Day) 1863 (Year)

8. AGE: Years 82 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Frances King

(b) Address Sikeston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/45 (Month) (Day) (Year)

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

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

(b) Address Sikeston, Mo.

19. (a) 9-8-45 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

1014

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13 year 1945 hour Ten minute P: M.

21. I hereby certify that I attended the deceased from 8-19, 1945, to 8-13, 1945 that I last saw her alive on 8-13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Fr. L. Femur

Due to

Due to

Other conditions Broncho-Pneumonia (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) acc. 100

(b) Date of occurrence 7/19/45

(c) Where did injury occur? Sikeston (City or town) Scott (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury Fall

23. Signature A. Smith (M. D. or other) M.D.

Address Cape Girardeau Mo Date signed 9/4/45

(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 4
District File Number 104 S-114
Date Filed 10-6-45

not

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. 4399

P. O. Address Poplar Bluff

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.