

FILED OCT 11 1945
Registration District No. 209

Primary Registration District No. 2043

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal

(c) Name of hospital or institution St. Elizabeth Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital 36 days
(If not in hospital or institution, write street number or location)

In this community Lifetime
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Charles Sanford Taylor

3. (b) If veteran, name war No

3. (c) Social Security No. 496-18-3566

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 12
year 1945 hour 12:00 minute Noon M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Patre Taylor

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December 8 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1942 to September 12, 1945

that I last saw him alive on September 12, 1945 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>9</u>	<u>4</u>	hr. _____ min. _____

Immediate cause of death Hepatitis Duration _____

Due to _____

Due to _____

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

10. Usual occupation Farming

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Wesley L Taylor

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

14. Maiden name Amanda McDaniel

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Karl Disselhorst

(b) Address Palmyra, Missouri

17. (a) Burial (b) Date thereof 9/14/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

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? _____

18. (a) Signature of funeral director Lewis Bros

(b) Address Palmyra, Missouri

19. (a) 9-14-45 (b) Dr. G. M. Lucke
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Marion Bealonia (M. D. or other) _____

Address Palmyra Mo Date signed 9/12/45

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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

Leob. Lewis

Licensed Embalmer No.

2382

P. O. Address

Palmyra 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.