

S. No. 2
OM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33033

FILED OCT 19 1945
Registration District No. 12

Primary Registration District No. 3003

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
301 main street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)
In this community 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 301 main st
(If rural, give location)
(e) Citizen of foreign country? no
If yes, name country none

3. (a) PRINT FULL NAME Ailsia Margaret Taylor

3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1
year 1945 hour 10 minute 43 A.M.

21. I hereby certify that I attended the deceased from Aug. 25, 1945, to Aug 31, 1945, that I last saw her alive on Aug. 31, 1945, and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Bud Taylor
6. (c) Age of husband or wife if deceased 8

7. Birth date of deceased June 8 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 2 23 hr. min.

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

10. Usual occupation Retired Housewife

11. Industry or business None

12. Name Garrett Moore

13. Birthplace Stone County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Davis

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

16. (a) Informant Mrs. Walter Halsey

(b) Address 301 Main St. Monett Mo

17. (a) Burial (b) Date thereof Sept 3 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 200 F. Cem. Monett Mo

18. (a) Signature of funeral director Callaway's

(b) Address Monett Missouri

19. (a) 9-3-45 (b) W. McVest M.D.
(Date received local registrar) (Registrar's signature)

Immediate cause of death

Cerebral Hemorrhage
Due to senility and hyper-tension

Due to 1

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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

23. Signature J. T. Hargrave (M. D. or other) M.D.

Address Monett, Mo. Date signed 9-1-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

5
2
1

RECEIVED

District Health Officer No. 6,

District File Number 1045-1029

Date Filed OCT 16 1945

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 *J. D. Beecham*
Licensed Embalmer No. *3179*
P.O. Address *Mount 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.