S. No. 2
M—8-43
. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33621

State File No.

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 115

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 days (Specify whether years, months or days)
In this community 34 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Clark (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 Milton Taylor
3. (b) If veteran, name war -------
3. (c) Social Security No. 709-12-1251
4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christina Moore
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Aug. (Month) 8 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
54	2	10	hr. min.

9. Birthplace Yates (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer on Railroad
11. Industry or business
MOTHER FATHER
12. Name Fount Taylor
13. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)
14. Maiden name Josephine Williams
15. Birthplace Howard County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Christina Moore Taylor
(b) Address Clark Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/22/45 (Month) (Day) (Year)
(c) Place: burial or cremation Fayette Cemetery #2
18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri
19. (a) Oct. 26 1945 (Date received local registrar) (b) Guy Morris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 year 1945 hour 2:15 minute P M.
21. I hereby certify that I attended the deceased from 9-14-45, 19..., to 9-17-45, 19...; that I last saw him alive on 9-17-45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute Cardiac dilatation	1 hr.
Due to Chronic myocarditis	2 yrs
Due to Chronic interstitial nephritis	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None performed
Of autopsy none performed

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)
(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)
While at work? (e) Means of injury
23. Signature G. W. Winn (M. D. or other) M.D.
Address Boonville, Mo. Date signed Oct 26 45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 10-31-44

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 Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.