

FILED DEC 4 3 1945
 Registration District No. 431945

Primary Registration District No. 4059

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years (Specify whether years, months or days)

In this community 5 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Crystal Taylor

3. (b) If veteran, name war 4

3. (c) Social Security No. 4

4. Sex Female 5. Color or race Colored

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

6. (b) Name of husband or wife William Taylor

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased "Feb. 9, 1908"
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>9</u>	<u>13</u>	hr. min.

9. Birthplace Unknown ARK.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Banks

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

14. Maiden name Unknown

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

16. (a) Informant William Taylor

(b) Address Naylor, Mo.

17. (a) Burial (b) Date thereof 11/27/45
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Minnie Gisp

(b) Address Naylor, Mo.

19. (a) 11-27-45 (b) PH Minnie Gisp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Butler 12

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

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
 year 1945 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from Nov. 20
1945 to Nov. 22, 1945
 that I last saw him alive on Nov. 22, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombi

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations AKW

Of autopsy

22. If death was due to external causes, fill in the following:

(c) 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) (c) Means of injury

23. Signature O J Fair (M. D. or other)

Address Neelyville, Mo. Date signed Nov 27

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1422

RECEIVED

District Health Office No. 2

District File Number 1245-3330

Date Filed 12-3-45

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.....

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

Signed Bryan McCord

Licensed Embalmer No. 40791

P. O. Address Waynes, 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.