. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37646

State File No.

FILED DEC 15 1945

Registration District No. 256 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1832 Moffet
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Clemons Taylor
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, divorced married
6. (b) Name of husband or wife Laura Taylor
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 30, 1874 (Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Lynchburg (City, town, or county) Virginia (State or foreign country)
10. Usual occupation Machinist
11. Industry or business United Iron Works
FATHER 12. Name Joseph Taylor
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lela Childs
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Laura Taylor
(b) Address 1832 Moffet, Joplin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope
18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo
19. (a) 11-30-45 (Date received local registrar) (b) Ed Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 year 1945 hour 8 minute a M.
21. I hereby certify that I attended the deceased from Nov 18, 1944 to Nov 28, 1944 that I last saw h alive on 11-27-1944 and that death occurred on the date and hour stated above.

Immediate cause of death Agranulocytosis — Duration
Due to dis Bridgson & White cedes - Hg 380
Due to Pelgo. 5%
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy

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 Ed Jones (M. D. or other)
Address Joplin Mo Date signed 11-30-45

1407 (Licensed Embalmer's Statement on Reverse Side)

45-11-920

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.