

Registration District No. _____ Primary Registration District No. **1000**

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 days
(Specify whether
 In this community 51 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan //
 (c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
 (d) Street No. 519 North 7th 7
(If rural, give location) 0
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Eliza T. Taylor
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Charles H. Taylor
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 21 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 10 11 hr. _____ min.

9. Birthplace Kokomo Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
 12. Name Rufus Dolman
 13. Birthplace unknown Ohio
(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 Mr. Russel B. Brest
 (b) Address Walnut Creek, Cal.

17. (a) burial (b) Date thereof 12/5/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walter Pettole & Bowman
 (b) Address 319 South 10th

19. (a) Dec 5-1945 (b) AJ Westlund
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 2nd
 year 1945 hour 3 minute 45 AM

21. I hereby certify that I attended the deceased from Nov. 20 1945, December 2 1945
 and that death occurred on the date and hour stated above.
 that I last saw her alive on December 1 1945

Immediate cause of death Acute coronary occlusion 12/19/45
 Duration

Due to Heart disease, arteriosclerotic ?

Due to _____

Other conditions Arteriosclerosis, general
(Include pregnancy within 3 months of death)

Major findings: Arteriosclerosis, general
 Of operations _____
 Of autopsy 9/40

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?

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Walter Pettole (M. D. or other)
 Address Phys. & Surgs. Bldg. ST. JOSEPH Date signed 12/3

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

*Wm. N. A. Carter
Riverview Room at New York*

RECEIVED BY
DATE

FEB 25 1949

STATEMENT BY LICENSED EMBALMER

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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 *Frank A. Brunner*

Licensed Embalmer No. *1710*

P. O. Address *St. George, Md.*

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.