

FILED JAN 3 1946
Registration District No. 207

Primary Registration District No. 4219

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Maries

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries

(c) City or town Belle
(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 Mary A. Taylor

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1945 hour 9:00 minute _____ A.M.

4. Female 5. Color or race White 6. (a) Single, widowed, divorced, Widowed

6. (b) Name of husband or wife John W. Taylor 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 18 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/7/45 to 12/19/45; that I last saw her alive on 12/19/45 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>11</u>	<u>1</u>	hr. _____ min.

Immediate cause of death: Chronic Myocardial Degeneration

Lobar Pneumonia - 12 days

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

10. Usual occupation housewife

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name Dillard Green

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

14. Maiden name W. Howard

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

Major findings: _____

Of operations _____

Of autopsy 104

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant John Taylor

(b) Address Lynn City Mo.

17. (a) Burial (b) Date thereof Dec 21 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty

18. (a) Signature of funeral director Pauline Howard

(b) Address Belle Mo.

19. (a) 12-27-45 (b) Pauline Howard
(Date received local registrar) (Registrar's signature)

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? _____ (a) Means of injury _____

3. Signature R. H. Schaubert

Address Belle, Mo. Date signed 12/30/45

1526

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

3
0
0

RECEIVED
District Health Officer No. 0,
District File Number.....
Date Filed 1-2-46.....

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..... Chester Saemann.....
Licensed Embalmer No. 4178.....
P. O. Address Bland - 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.