

FILED JAN 21 1946

Registration District No. **258**

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:
1629 New York /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **48** years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**
(c) City or town **Joplin** **2**
(If outside city or town limits, write "RURAL") **5**
(d) Street No. **1629 New York**
(If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jerry Marrow Taylor**

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

4. Sex **m** () 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Ammie** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec 15-1861**
(Month) (Day) (Year)

8. AGE: Years **84** Months **0** Days **15** If less than one day hr. _____ min. _____

9. Birthplace **Maskia county Iowa** /
(City, town, or county) (State or foreign country)

10. Usual occupation **retired contractor**

11. Industry or business **general contracting**

MOTHER FATHER }
12. Name **John Taylor**
13. Birthplace **Iowa** /
(City, town, or county) (State or foreign country)
14. Maiden name **Landers**
15. Birthplace **dont know** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mack Taylor** **1**

(b) Address **Rt 2 Seneca, Mo**

17. (a) **burial** (b) Date thereof **1-3-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Osborne Memorial**

18. (a) Signature of funeral director **Thorabill-Dillon**

(b) Address **305 West Fourth Street**

19. (a) **12-31-45** (b) **Ch. Osborn**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **30**
year **1945** hour **12** minute **30** p. M.

21. I hereby certify that I attended the deceased from **Dec 1** 19 **45** to **Dec 30** 19 **45**
that I last saw him alive on **Dec 1** 19 **45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myo Carditis** **29**
Duration **29**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy **93**

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) (a) Means of injury _____

23. Signature **J.P. Verleur** (M. D. or other) _____

Address **Joplin Mo** Date signed **12-45**

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

100497

49
2
5

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 David C. Dillon

Licensed Embalmer No. 3898

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.