No. 2
-5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5369

Registration District No. 133 Primary Registration District No. 4205 Registrar's No. 24

1. PLACE OF DEATH:

(a) County Hamiran

(b) City or town Gilman City Mo.
(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 ..... (Specify whether
In this community 71 - 8 27
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hamiran 41

(c) City or town Gilman City Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME SUSAN KATHERN TAYLOR

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Jacob F. Taylor

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May (Month) 9 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	8	27	hr. min.

9. Birthplace Gilman City Mo Rural 0
(City, town, or county) (State or foreign country)

10. Usual occupation Home Wife

11. Industry or business .....

FATHER
12. Name James Coots
13. Birthplace Bunsan Mo Rural 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily Goodnight
15. Birthplace Bunsan Mo Rural 0
(City, town, or county) (State or foreign country)

16. (a) Informant Jacob F Taylor
(b) Address Gilman City Mo.

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof Feb 7 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Pleasant #1

18. (a) Signature of funeral director W D Haines
(b) Address Gilman City Mo.

19. (a) Feb 16-46 (Date received local registrar) (b) Zola Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 5
year 1946 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan-15 1946 to Feb-5 1946
that I last saw her alive on Feb-5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 21 da

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

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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 2

23. Signature J.C. WALKER DO (~~M.D. or other~~)
Address GILMAN City Mo Date signed 2-12-46

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(Licensed Embalmer's Statement on Reverse Side)

MAR 19 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 W D Haines, Registered Apprentice No. ....., working under my personal supervision.

Signed W D Haines

Licensed Embalmer No. 542

P. O. Address Gilman City 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.