

S. No. 2
1-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8952

State File No.

Registration District No.

Primary Registration District No. 5373

Registrar's No.

FILED MAR 18 1946
99

1. PLACE OF DEATH:

(a) County: DEKALB
(b) City or town: MAYSVILLE (RURAL)
(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: LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: DeKalb 32
(c) City or town: Maysville (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: William Emory 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,~~ M
6. (b) Name of husband or wife: GRACE TAYLOR 6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: May-31-1881 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 6 26 hr. 0 min.

9. Birthplace: MAYSVILLE Mo (City, town, or county) (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business: _____

MOTHER, FATHER { 12. Name: WM ROBERTS TAYLOR
13. Birthplace: OHIO (City, town, or county) (State or foreign country)
14. Maiden name: MARY JANE FUSE
15. Birthplace: ILLINOIS (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Helma Martin
(b) Address: Maysville Mo

17. (a) Burial: Central (b) Date thereof: 3-1-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Central Bank, Maysville

18. (a) Signature of informant: WALTER FUNERAL HOME
(b) Address: MAYSVILLE MO

19. (a) 3-1-46 (Date received local registrar) (b) W. Oscar Nantawou (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 27 year: 1946 hour: 7 minute: 0 a.m.
21. I hereby certify that I attended the deceased from July 1, 1943 to Feb 27, 1946 that I last saw him alive on Feb 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Massive Cerebral Hemorrhage Duration: 2 hrs.

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

Major findings: Of operations: _____
Of autopsy: §30

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: W. Oscar Nantawou (M. D. or other) _____
Address: Maysville Mo Date signed: 3-1-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
7881

**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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No. 3960
P. O. Address Marionville 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.