

No. 2  
M-2.43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13683

State File No. \_\_\_\_\_

FILED MAY 13 1946  
16 5-

Registration District No. \_\_\_\_\_

Primary Registration District No. 425-3

Registrar's No. 14

1. PLACE OF DEATH

(a) County Johnson

(b) City or town Childowee  
(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 26 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

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

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

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NANNIE C Taylor

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 13  
year 1946 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from Feb. 15,  
1946 to April 13, 1946  
that I last saw her alive on April 13, 1946  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: 8 27 1866  
(Month) (Day) (Year)

Immediate cause of death Sarcoma on temple

Duration 5 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 53  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

79 7 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Benjamin Prince

13. Birthplace Mo (City, town, or county) (State or foreign country)

14. Maiden name Louella Weston

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

16. (a) Informant Mrs. Hulda Taylor

(b) Address Wagonmending Mo

17. (a) Burial (b) Date thereof 4 15 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cornelia Cem

18. (a) Signature of funeral director Fred Williams

(b) Address Clinton Mo

19. (a) 4-15-46 (b) Mrs. Mamee H. Leaker  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 2

23. Signature E. N. Robinson (M. D. or other) 20

Address Childowee Date signed 4/14/46

148 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

---

---

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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address. Clinton Ma

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.