

FILED APR 24 1946 **STANDARD CERTIFICATE OF DEATH**

State File No.

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County: Pike
(b) City or town: Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
602 Georgia (Rear)
(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 time (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: PIKE
(c) City or town: LOUISIANA
(If outside city or town limits, write "RURAL")
(d) Street No.: 602 GEORGIA ST. (REAR)
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: LIZZIE TAYLOR

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

4. Sex: Female 5. Color or race: Colored 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Henry Taylor 6. (c) Age of husband or wife if alive: NO years

7. Birth date of deceased: FEBRUARY 15 1966
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 0 17 hr. min.

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

10. Usual occupation: House wife

11. Industry or business: At home

12. Name: Un known

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

14. Maiden name: Un known

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

16. (a) Informant: ARDELLA MCGERRY

(b) Address: HANNIBAL MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAR 5, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation: RIVERVIEW CEMETERY

18. (a) Signature of funeral director: GARNER & STERNE

(b) Address: LOUISIANA MISSOURI

19. (a) Mar 5/1946 (Date received local registrar) (b) Margaret E. Stephen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: MARCH day: 3
year: 1946 hour: 1 minute: 45 P.M.

21. I hereby certify that I attended the deceased from 2/28 19 46 to 3/2 19 46

that I last saw her alive on 3/2 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Congestion of lungs
Duration: about 24 hrs.

Due to: Congestive Heart Failure several weeks

Due to: _____

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations: _____

Of autopsy: none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): none

(b) Date of occurrence: none

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (c) Means of injury: no

23. Signature: Charles F. Jewell (M. D. or other)

Address: Louisiana, Mo. Date signed: 3/6/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 4-46-870

Date Filed APR 22 1946

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 Harold S. Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana 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.