

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 10 1946**  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44-1  
State File No. **15654**

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 39

1. PLACE OF DEATH:  
(a) County Barry  
(b) City or town Mouett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days) 46 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Barry  
(c) City or town Mouett  
(If outside city or town limits, write "RURAL")  
(d) Street No. 712 Frisco Ave.  
(If rural, give location) 1  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME Kitty Bell Taylor  
(b) If veteran, name war None  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 18  
year 1946 hour 11 minute 30 A.M.  
21. I hereby certify that I attended the deceased from 5-12-46  
1946 to 5-18- 1946  
that I last saw her alive on May 18 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 Married  
(b) Name of husband or wife Winfield S Taylor 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased September 16 1877  
(Month) (Day) (Year)

Immediate cause of death Head injury from fall in the home  
Due to Cerebral concussion

8. AGE: Years 68 Months 8 Days 2 hr. min.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Wolverhampton England  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
1865-18

10. Usual occupation Housewife

11. Industry or business Home

12. Name Alfred Edmondson Bell

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

14. Maiden name Katherine Hanna

15. Birthplace Isle of Man  
(City, town, or county) (State or foreign country)

16. (a) Informant W.S. Taylor  
(b) Address 712 Frisco, Mouett Mo

17. (a) Burial (b) Date thereof May 20 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation POFF Cem - Mouett Mo  
18. (a) Signature of funeral director Callaway's  
(b) Address Mouett Mo

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident 5  
(b) Date of occurrence May 12-1946  
(c) Where did injury occur? at home - mouett mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home  
While at work? yes (Specify type of place)  
floor while working in pantry  
23. Signature W.M. West (e) Means of injury left  
(M. D. or other) 5/20/46  
Address Mouett mo Date signed 5/20/46

19. (a) 5-20-46 (b) W.M. West  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,  
District File Number 646-636

Date Filed JUN 7 1946

JAN 10 1951

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 *J. D. Buchanan*

Licensed Embalmer No. *3199*

P. O. Address *Mount 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.