

FILED MAY 13 1946

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 107

1. PLACE OF DEATH:

(a) County COLE
(b) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS
(Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLLE 31
(c) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL") 5
(d) Street No. 221 W. ASHLEY
(If rural, give location) 4
(e) Citizen of foreign country? NO (Yes or No) 10
If yes, name country _____

3. (a) PRINT FULL NAME OTIS TAGGART

3. (b) If veteran, name war NO 3. (c) Social Security No. 486-18-2162

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife STELLE OWENS TAGGART 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased MARCH 27, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 1 7 hr. min.

9. Birthplace MARION, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business _____

12. Name MARION TAGGART 9

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

14. Maiden name MATILDA DAWSON

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

16. (a) Informant MRS. STELLE TAGGART

(b) Address 3017 BENTON-KANSAS CITY, MO.

17. (a) BURIAL (b) Date thereof 5/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RIVERVIEW CEMETERY

18. (a) Signature of funeral director Sylvester Dulle

(b) Address JEFFERSON CITY, MO.

19. (a) 5-7-46 (b) R. P. Harrison MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 5
year 1946 hour 6 minute 55 A. M.

21. I hereby certify that I attended the deceased from Apr 30, 1946 to May 5, 1946
that I last saw him alive on May 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure
Due to Arteritis + myocarditis
Due to Leues

Other conditions chronic nephritis, chr. passive congestion liver
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 309

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 0
23. Signature [Signature] (M. D. or other) MD
Address 626 Jefferson Date signed 5-6-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

15004

68

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-11-46

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..... *Sylvester Allen*
Licensed Embalmer No. 4321
P. O. Address..... *Jefferson 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.