

FILED MAY 27 1946

Registration District No. 12.8

Primary Registration District No. 2000

Registrar's No. 408

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Burge Hosp. (1323 N. Jefferson)  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 1 mo 1 day  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39  
(c) City or town Springfield Mo, 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 625 So Douglas  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th  
year 1946 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Apr. 1, 1946 to May 11, 1946  
that I last saw him alive on May 11, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute suppurative cholecystitis  
Due to Cholelithiasis and cholecystitis due to obstruction of common duct by a stone  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy as above stated

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 \_\_\_\_\_  
23. Signature Arthur D. Knapp (M. D. or other) \_\_\_\_\_  
Address 400 So. Douglas St. Date signed 5-11-46

3. (a) PRINT FULL NAME Taylor, Joseph Edward  
3. (b) If veteran, name war World War I 3. (c) Social Security No. unk.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Singles  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased Sept. 2, 1892  
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation none

11. Industry or business Song King Firm (Mfg Co.)

12. Name Scott Taylor  
13. Birthplace Stockton Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Eliza White  
15. Birthplace Stockton Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ira Elspeth (Sister of deceased)  
(b) Address 414 N. Church Street, Vidalia, Cal.  
17. (a) Burial (b) Date thereof 5-14-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director W. Dunn  
(b) Address Spfld., Mo.  
19. (a) 5-13-46 (b) W. H. Handley  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

OCT 2 1946  
MAY 29 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 H. L. McCann

Licensed Embalmer No. 2727

P. O. Address Springfield

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.