

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# FILED JUL 16 1948 STANDARD CERTIFICATE OF DEATH

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

Registration District No. 157Primary Registration District No. 3028Registrar's No. 1040

## 1. PLACE OF DEATH:

(a) County Jasper  
 (b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1713 Grand Ave. /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 37 Years

3. (a) PRINT FULL NAME GEORGE THOMAS TALLEY

3. (b) If veteran, name war None  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Kathryn Taylor  
 6. (c) Age of husband or wife if alive 58 years  
 7. Birth date of deceased January 9 1883  
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 26  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ripley Tenn. /  
(City, town, or county) (State or foreign country)10. Usual occupation Retired Postman

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

MOTHER FATHER { 12. Name Ed Talley  
 13. Birthplace Ripley Tenn /  
(City, town, or county) (State or foreign country)  
 14. Maiden name Bettie Taylor  
 15. Birthplace Tenn /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs G.T. Talley(b) Address 1713 Grand Ave.

17. (a) Burial (b) Date thereof Jun 6 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery(a) Signature of funeral director Ed C. Ulmer(b) Address Carthage, Mo.

19. (a) 6-2-46 (b) H. B. Clinton  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
 (c) City or town Carthage  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1713 Grand Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2  
 year 1936 hour 8 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from  
June 1 1946 to June 2 1946  
 that I last saw him alive on June 2 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion 29 hrs  
Hypertension 10 yrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## 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)  
 (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. \_\_\_\_\_)  
 Address 417 So. Main, Carthage Date signed JUN 5 1946

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

46-6-590

JUL 18 1947

MAR 24 1947

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..... *E. J. [unclear]*

Licensed Embalmer No..... *2222*

P. O. Address..... *Parthage*

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.