

FILED JUL 16 1946

Registration District No. 786

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla. (b) County Ottawa 999  
(c) City or town Picher,  
(If outside city or town limits, write "RURAL") 37  
(d) Street No. \_\_\_\_\_  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
year 1946 hour 3. P; M. minute M. \_\_\_\_\_  
21. I hereby certify that I attended the deceased from 13 June  
1946 to 21 June, 1946  
that I last saw her alive on 21 June, 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death Ch. disc failure 21 min

Due to Tuberculo meningitis 3 wks

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_ 14  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature R. H. Williams (M. D. or other) MD  
Address 527 Fresno Bldg Joplin Date signed 22 June

3. (a) PRINT FULL NAME Darlene Louise Taylor

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F. M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Child.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 4. 1944  
(Month) (Day) (Year)

8. AGE: Years 2 Months 0 Days 17  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Picher, Okla.  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

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

MOTHER FATHER

12. Name Earmond Taylor

13. Birthplace Newton County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Faye Bell

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

16. (a) Informant Faye Taylor  
(b) Address Picher, Okla.

17. (a) Removal (b) Date thereof 6/23/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miami, Okla.

18. (a) Signature of funeral director M. V. M. Goodson

(b) Address Picher, Okla.

19. (a) 7-1-46 (b) Ed. J. [Signature]  
(Date received local registrar) (Registrar's signature)

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

19  
2  
5  
22895

46-6-571

**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 Mrs. V.M. Goodson

Licensed Embalmer No. 1088

P. O. Address Peeler, Okla

**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.**