

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

24673

Registration District No. 296 Primary Registration District No. 6017 State File No. Registrar's No. 20

1. PLACE OF DEATH:
(a) County Ray
(b) City or town CAMDEN rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community sixty years
years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ray
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile west of Camden.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANCES E. TAYLOR
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband James Taylor 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 5th
year 1946 hour 11 minute 20 A.M.
21. I hereby certify that I attended the deceased from July 2, 1946 to July 5, 1946
that I last saw him or alive on July 5, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
85 4 21 hr. min.

Immediate cause of death
Hypostatic Pneumonia 3 days
Due to fractured hip 4 days
Due to _____

9. Birthplace _____ (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Joseph Pierson
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Miller
15. Birthplace unknown
(City, town, or county) (State or foreign country)

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) Means of injury _____

MOTHER FATHER
16. (a) Informant Bessie Smith
(b) Address Camden, Mo. R#1
17. (a) Burial (b) Date thereof 7-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation South Point, Cam
18. (a) Signature of funeral director B. W. Wood
(b) Address Arrest, Mo
19. (a) 7/10/46 (b) Helin Cook
(Date received local registrar) (Registrar) (Signature)

23. Signature Dr. E. G. Kevare (M. D. or other)
Address Richmond, Mo. Date signed July 8, 46

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED 186A 18

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

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-20-55

MAR 23 1955

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. Self
working under my personal supervision.

Signed Victor E. Imminger

Licensed Embalmer No. 2896

P. O. Address Liberty Missouri

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.