

3. No. 2
4-5-43
5-17-39
I X386

State File No.

FILED SEP 23 1946
128

Registration District No.

Primary Registration District No. 2000

Registrar's No. 749

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **Springfield**

(c) Name of hospital or institution: **Springfield Baptist Hospital**

(d) Length of stay: In hospital or institution **1 day**

In this community **?**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Taney 106**

(c) City or town **Ozark Beach**

(d) Street No.

(e) Citizen of foreign country?

If yes, name country

3. (a) PRINT FULL NAME **NATHAN H. TAYLOR**

3. (b) If veteran, name war **?** 3. (c) Social Security No.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Flora Taylor** 6. (c) Age of husband or wife if alive

7. Birth date of deceased **July 19, 1883**

| 8. AGE: | Years | Months | Days | If less than one day |
|-------------------------------------|-----------|----------|-----------|----------------------|
| <input checked="" type="checkbox"/> | 63 | 1 | 25 | hr. min. |

9. Birthplace **Chanute, Kansas**

10. Usual occupation **Hotel Mgr.**

11. Industry or business

MOTHER FATHER

12. Name **George Taylor**

13. Birthplace **England**

14. Maiden name **Susie**

15. Birthplace **Kentucky**

16. (a) Informant **Mrs. Flora Taylor (wife)**

(b) Address **Ozark Beach, Missouri**

17. (a) **Burial** (b) Date thereof **9-18-46**

(c) Place: burial or cremation **Wichita, Kansas**

18. (a) Signature of funeral director **ALMA LOHMEYER FUNERAL HOME**

(b) Address **SPRINGFIELD, MISSOURI**

19. (a) **9-17-46** (b) **W. S. Standley MD**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **13** year **1946** hour **7:00 A.M.** minute

21. I hereby certify that I attended the deceased from **Sept 12** 19**46** to **Sept 13** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis 1 day**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **94A**

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **Wm. S. Standley MD** (M. D. or other) **MD**

Address **Springfield Mo** Date signed **9/17/46**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 L. A. Raaf

Licensed Embalmer No. 3844

P. O. Address Springfield, 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.

X