

FILED SEP 27 1946 STANDARD CERTIFICATE OF DEATH

30649

State File No.

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 188

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(c) Name of hospital or institution: 738 E. 7th St
(d) Length of stay: In hospital or institution unknown
In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper
(c) City or town Carthage
(d) Street No. 738 E. 7th
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME

Noah Taylor

(b) If veteran, name war no (c) Social Security No.

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

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

7. Birth date of deceased: April 24 1883

8. AGE: Years 83 Months unknown Days unknown

9. Birthplace: St. Joseph, Mo. (City, town, or county) Mich. (State or foreign country)

10. Usual occupation none

11. Industry or business

12. Name unknown

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Knell Mortuary (b) Address Carthage, Mo.

17. (a) removal (b) Date thereof Sept 15 1946 (c) Place: burial or cremation Altamont, Kansas

18. (a) Signature of funeral director Knell Mortuary (b) Address Carthage, Mo.

19. (a) 9-16-46 (b) R. B. Coe (c) (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1946 hour 8:30 minute a.M.

21. I hereby certify that I attended the deceased from ... 19... to ... 19... that I last saw h... alive on ... 19... and that death occurred on the date and hour stated above.

Immediate cause of death: Head not attended

Due to: Coronary Occlusion

Other conditions: (include pregnancy within 3 months of death) Major findings: Of operations: Of autopsy: 94A

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

23. Signature: [Signature] (M. D. or other) Address: [Address] Date signed: 9/15/46

46-8-816

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..... *Emma Kuehl*

Licensed Embalmer No. *391*

P. O. Address. *Barhage*

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.