. No. 2
-8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30942

Registration District No. 199 Primary Registration District No. 4311 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Callao (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 ✓ (Specify whether

In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 61

(c) City or town Callao 0 (If outside city or town limits, write "RURAL")

(d) Street No. ✓ 0 (If rural, give location) 0

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Minnie Sincendiver Taylor

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife George W Taylor

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

7. Birth date of deceased August (Month) 25 (Day) 1871 (Year)

8. AGE: Years 75 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Martinsburg (City, town, or county) West Virginia (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name George W Reed
13. Birthplace Martinsburg (City, town, or county) West Va (State or foreign country)

MOTHER
14. Maiden name Fannie V Sincendiver
15. Birthplace Martinsburg (City, town, or county) West Va (State or foreign country)

16. (a) Informant S R Taylor

(b) Address Callao Mo

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

(c) Place: burial or cremation Oakwood Cemetery Macon Mo

18. (a) Signature of funeral director H. G. Edwards

(b) Address Bevier Mo

19. (a) Sept. 13, 1946 (Date received local registrar) (b) W. F. Allen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 4 year 1946 hour 4 minute 40 A M.

21. I hereby certify that I attended the deceased from 9-1, 1946 to 9-1, 1946 that I last saw her alive on 9-1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Recurrent Cerebral Hemorrhage — Duration 4 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Previous Cerebral Hemorrhage — Yr ago

Major findings:
Of operations
Of autopsy

83A

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? (Specify type of place)

While at work? N.P. (e) Means of injury 0

23. Signature J. P. Lonowski (M.D. or other)

Address Macon Mo Date signed 9/10/46

1043 (Licensed Embalmer's Statement on Reverse Side)

OCT 16 1947

RECEIVED
District Health Officer No. 10
District File Number 9:46:1768
Date Filed SEP 20 1946

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 F. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bowles, 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.