S. No. 2
M—5-43
7. 5-17-39
X36671

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

31861

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33033

Registration District No. 69 Primary Registration District No. 4121 Registrar's No. 5

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Billings
(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 years, months or days)
In this community: 50 yrs.

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

3. (a) PRINT FULL NAME: Emma Schmidt Taynton.
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: Married
6. (b) Name of husband or wife: Edwin Taynton
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: Dec. 27-1882 (Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 4 If less than one day hr. min.

9. Birthplace: Hamburg (City, town, or county) Germany (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
FATHER 12. Name: unknown
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Edna Hale
(b) Address: Billings - Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Nov. 3. 46 (Month) (Day) (Year)
(c) Place: burial or cremation: Rose Hill Cem.
18. (a) Signature of funeral director: P. W. Maples
(b) Address: Clever - Mo.
19. (a) Nov. 3, 1946 (Date received local registrar) (b) Mrs. Aline Dreier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31st. year 46 hour 11 minute 55 P.M.
21. I hereby certify that I attended the deceased from March 29, 1946, to Oct 31, 1946; that I last saw her alive on Oct 31, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of gall bladder — Duration
Due to: Bronchopneumonia
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 46F
Of autopsy:

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? (e) Means of injury:

23. Signature: R. W. Marshall (M. D. or other) D.O.
Address: Billings, Mo. Date signed 11/1/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1146-1110
Date Filed NOV 6 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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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.