

S. No. 2
M-8-43
7-5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33301

State File No. _____
Registrar's No. 795

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Baptist Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
56 years (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME John A. Taylor
(b) If veteran, name war No
(c) Social Security No. No

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Lena Taylor
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased: April 6, 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 26
If less than one day _____ hr. _____ min.

9. Birthplace Brown County Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____
12. Name John H. Taylor
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sirenn Hart
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Taylor
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 10/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (c) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 10-4-46 (b) W.E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")
(d) Street No. 408 E. Walnut 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
year 1946 hour 1 minute 50a. M.

21. I hereby certify that I attended the deceased from Sept 26 1946 Oct 2 1946
that I last saw him alive on Oct 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction 6 days
Coronary Thrombosis 6 days
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy g4A
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature W.E. Handley MD (M. D. certifier)
Address Springfield Mo. Date signed 10-2-46

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..... *Walter E. Hamiller*

Licensed Embalmer No. *3898*

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