. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39730

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1347

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days) In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2
(c) City or town Savannah 1 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Pamelasue Taylor
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept (Month) 21 (Day) 1946 (Year)

8. AGE: Years | Months 2 | Days 11 | If less than one day hr. min.

9. Birthplace Savannah (City, town, or county) Mo U (State or foreign country)
10. Usual occupation
11. Industry or business Infant
FATHER
12. Name Harvey Taylor
13. Birthplace Nodaway (City, town, or county) Mo U (State or foreign country)
MOTHER
14. Maiden name Margery Portman
15. Birthplace Chula (City, town, or county) Mo U (State or foreign country)
16. (a) Informant Harvey Taylor
(b) Address Savannah Mo
17. (a) Burial ~~Fillmore~~ (Burial, cremation, or removal) (b) Date thereof 12 (Month) 4 (Day) 1946 (Year)
(c) Place: burial or cremation Fillmore, Mo
18. (a) Signature of funeral director E. C. Brett
(b) Address Savannah Mo
19. (a) Dec. 5, 1946 (Date received local registrar) (b) E.C. Jenkins by Joyce Mann (Registrar's signature) Dep Reg

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 2 year 1946 hour 4 minute 40 P M.
21. I hereby certify that I attended the deceased from Sept 21 1946 to Dec. 2 1946 that I last saw her alive on Dec. 2 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Due to Lobar Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 10	
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 2
23. Signature Neva M. Steilley (M. D. or other) DO
Address Savannah, Mo. Date signed Dec 3.

382 (Licensed Embalmer's Statement on Reverse Side)

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.