

FILED DEC 30 1946

Registration District No. 183

Primary Registration District No. 4229/251683

Registrar's No.

1. PLACE OF DEATH:
Linn Co.
(a) County Linn Co.
(b) City or town RFD Browning
(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 Life (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 58
(c) City or town RFD (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mar y Georgetta Taylor
3. (b) If veteran, name war ---- 3. (c) Social Security No. ----

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 10
year 1946 hour 3 minute 00 P.M.

4. Sex Fe / 5. Color or race W
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife John B. Taylor
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased: 12 (Month) 26 (Day) 1870 (Year)

21. I hereby certify that I attended the deceased from Dec 10, 1946 to Dec 10, 1946
that I last saw her alive on Dec 20, 1946,
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 11 Days 14 If less than one day hr. min.

Immediate cause of death Coronary thrombosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 94A
Of autopsy

9. Birthplace Linn Co. MO. U
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business
12. Name Henry Patterson
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Neiswanger
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant John B. Taylor
(b) Address Browning
17. (a) Burial (b) Date thereof 12-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jenkins Wade Funeral Home
18. (a) Signature of funeral director Browning
(b) Address
19. (a) Dec 15 1946 (b) Elva Creechhaus (Registrar's signature)
(Date received local registrar)

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
23. Signature J.R. McArthur (M.D. or other)
Address Browning Mo Date signed 12/14/46

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *Herald I. Wade*.....

Licensed Embalmer No. *4172*.....

P. O. Address *Browning*.....

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.