

S. No. 2
M-2-43
7. 5-17-39
PI X39697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8034**

Registration District No. **12**

Primary Registration District No. **1000**

Registrar's No. **432**

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

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: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2231 South 10th St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ernest B. Taylor

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Leona

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept 14, 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 8
If less than one day hr. min.

9. Birthplace: Ottawa, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Cooper - retired

11. Industry or business Swift & Company

MOTHER FATHER

12. Name Branson Taylor

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Bliza Nuckles

15. Birthplace USA
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Martin

(b) Address 1008 Pacific St, St. Joseph,

17. (a) Burial (b) Date thereof 3-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address St. Joseph, Mo

19. (a) 3-28-47 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1947 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from 12-5-46 1946 to 3-22-47 1947
that I last saw her alive on 3-21-47 1947
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis
Prostatic Carcinoma
Atherosclerosis
Heart Disease

Due to _____

Due to _____

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

Major findings: _____

Of operations 51B

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 glare) _____

While at work? _____ (a) Means of injury 0

23. Signature Carlton Smith (M. D. or other) MD
Address 218 No. 7 Date signed 3/24/47

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.....

Victor Barry

§ Licensed Embalmer No. *4212*

P. O. Address..... *St. Joseph 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.