S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12809

Registration District No. 68 Primary Registration District No. 4119 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Ozark Mo.
(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
In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian 22

(c) City or town Ozark Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. None 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Quintilla Young

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 widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 9 (Day) 1867 (Year)

8. AGE: Years 79 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Christian, Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name Capt. George W. Taylor 0
13. Birthplace Green County, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah J. Canard
15. Birthplace Tenn. 1 (City, town, or county) (State or foreign country)

16. (a) Informant John S. Taylor
(b) Address Ozark Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark Mo.

19. (a) Mch 1-1947 (Date received local registrar) (b) Varetta Leonard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12"
year 1947 hour 10 minute 30 a.M.

21. I hereby certify that I attended the deceased from Jan 1st 1947, to Jan 12 1947
that I last saw her alive on Jan 11th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis Soft side Body

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 0

23. Signature J. H. Hade (M. D. or other)
Address Ozark Mo. Date signed 1-22-47

5 4

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 447-424
Date Filed APR 16 1947

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.