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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14426

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 19

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Hayti (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 20 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Hayti (If outside city or town limits, write "RURAL") 2

(d) Street No. (If rural, give location) 1

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

If yes name country

3. (a) PRINT FULL NAME Lela Taylor

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife James Taylor

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased 3 (Month) 8 (Day) 1907 (Year)

8. AGE: Years 40 Months 0 Days 7 If less than one day hr. min.

9. Birthplace Yazoo City (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Cook

11. Industry or business Hotel

FATHER
12. Name Major Day
13. Birthplace Yazoo City (City, town, or county) Miss 1 (State or foreign country)

MOTHER
14. Maiden name Mariah Powell
15. Birthplace Yazoo City (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant Hattie Frazier

(b) Address Yazoo City Miss

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-19-47 (Month) (Day) (Year)

(c) Place: burial or cremation Yazoo City, Miss

18. (a) Signature of funeral director J. Smith

(b) Address Hayti Mo

19. (a) 5-9-47 (Date received local registrar) (b) L. Kelley (Registrar's signature) 215

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1947 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from 1947 March, 1st 19 47 to March 13th 19 ; that I last saw her alive on March, 13th, 47 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Uremic poisoning

Due to due to kidney failure

Due to primarilly to carcinoma of mammary gland -beginning about eight months before death

Other conditions (Include pregnancy within 3 months of death) None

Major findings: As above stated

Of operations

Of autopsy NO

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 A. A. Reeder (M. D. or other)

Address Portageville Mo. Date signed March, 18, 47

(Licensed Embalmer's Statement on Reverse Side)

5-12-155

JUN 9 1948

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address 104 Petty St. Silverton

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.