

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16606
Registrar's No. 721

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
3006 Olive St.
(d) Length of stay: 8 months
In this community 8 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 3006 Olive St.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME James Mason Taylor
(b) If veteran, No
(c) Social Security name war. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 3 year 1947 hour 9 minute A.M.
21. I hereby certify that I attended the deceased from May 1 to June 3, 1947 that I last saw him alive on May 26, 1947 and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Della Taylor
6. (c) Age of husband or wife if alive 22 years 1869
7. Birth date of deceased August 22 1869

Immediate cause of death: Acute Coronary Occlusion

8. AGE: Years 77 Months 9 Days 11

Due to: Arterio Sclerosis, gross

9. Birthplace Lincoln Missouri

Other conditions: (Include pregnancy within 3 months of death) 94A

10. Usual occupation Retired Laundry Owner

11. Industry or business
12. Name: W. J. Taylor
13. Birthplace Unknown No. Carolina
14. Maiden name Martha Ann Davis
15. Birthplace Unknown Kentucky

Major findings: Of operations
Of autopsy

16. (a) Informant Mrs. Joseph Killgore
(b) Address St. Joseph, Mo.
17. (a) Removal Nevada, Mo. (b) Date thereof 6/5/47
(c) Place: burial or cremation

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Water Bowman
(b) Address St. Joseph, Mo.
19. (a) 6-6-47 (b) E. L. Jenkins

23. Signature Louis S. Neudorff (M. D. or other) M.D.
Address 255 Charles St. Date signed 6/3/47

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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

MOTHER FATHER

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

JUL 1 1941

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 _____

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *3125 10th 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.