

S. No. 2
 M-5-43
 v. 5-17-39
 I X36871

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JUN 14 1947
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THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **17909**
 Registrar's No. **36**

Registration District No. _____ Primary Registration District No. **4253**

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

1. PLACE OF DEATH:

(a) County **Johnson**
 (b) City or town **Chilhowee**
 (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 **Life**
 years, months or days

3. (a) PRINT FULL NAME **Louisa Belle Taylor**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **Aug. 29 1861**
 (Month) (Day) (Year)

8. AGE: Years **85** Months **8** Days **25** If less than one day hr. _____ min. _____

9. Birthplace **Johnson Co., Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **housekeeper**

11. Industry or business _____

MOTHER FATHER { 12. Name **Zechariah Taylor**

13. Birthplace **unknown Tenn.**
 (City, town, or county) (State or foreign country)

14. Maiden name **Louisa Reed**

15. Birthplace **Howard Co. Mo.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Effie Downing**
 (b) Address **Chilhowee, Mo.**

17. (a) **Burial** (b) Date thereof **5/26/47**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pisgah**

18. (a) Signature of funeral director **J. W. Cook**
 (b) Address **Chilhowee, Missouri**

19. (a) **5/28** (b) **Mr. M. H. Hatcher**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**
 (c) City or town **Chilhowee**
 (If outside city or town limits, write "RURAL") _____
 (d) Street No. _____ (If rural, give location) _____
 (e) Citizen of foreign country? **No.** (Yes or No) _____
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **24**
 year **1947** hour **5** minute **OOP.** M.

21. I hereby certify that I attended the deceased from **May 22**
 1947, to **May 24**, 1947
 that I last saw h. **alive on May 23**, 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Hypostatic pneumonia Duration **2 days**

Due to **Influenza** Duration **4 days**

Due to _____

Other conditions **Acute, kyphosis.**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

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 place)
 While at work? _____ (e) Means of injury _____

Signature **W. H. Hatcher** (M. D. or other) _____
 Address **Washington Mo.** Date signed **5-26-47**

JUL 10 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.....

J. W. Cook

Licensed Embalmer No. *4335*

P. O. Address *Chilhowee, 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.