. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1947

Registration District No. 369

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26583

Primary Registration District No. 6257

Registrar's No. 17

1. PLACE OF DEATH:

(a) County WAYNE

(b) City or town PATTERSON
(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 years, months or days)

In this community 20 YR.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WAYNE

(c) City or town PATTERSON
(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

3. (a) PRINT FULL NAME EBEN BESS TAYLOR

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ALICE TAYLOR

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased JULY (Month) 5 (Day) 1874 (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	11	0	0 hr. 0 min.

9. Birthplace LEND CREEK (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

FATHER
12. Name JOHN TAYLOR
13. Birthplace (City, town, or county) WASHINGTON (State or foreign country)

MOTHER
14. Maiden name M. McLAUGHLIN
15. Birthplace WASINBHTON (City, town, or county) COUNTY (State or foreign country)

16. (a) Informant MAUDE LEAGUE
(b) Address PATTERSON

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 8 1947 (Month) (Day) (Year)
(c) Place: burial or cremation PATTERSON CEM.

18. (a) Signature of funeral director N. W. Gish
(b) Address Piedmont, Mo.

19. (a) June 7, 1947 (Date received local registrar) Susie E. Piles (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month MAY day 5 year 1947 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 25, 1947, to 6-5-, 1947; that I last saw him alive on 6-4-, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Chronic Chronic Inn.

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

23. Signature L. E. Tomey (M. D. or other)

Address Piedmont Mo. Date signed 6-9-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 847-1040

Filed 8-11-47

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

me, Registered Apprentice No.

working under my personal supervision.

Signed Marvin E. Bowles

Licensed Embalmer No. 4427

P. O. Address Piedmont, 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.