. S. No. 2
DM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 25 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22929

Registration District No. 62 Primary Registration District No. 5240 Registrar's No. 32

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: Washington West
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cedar
(c) City or town: Stockton
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes; name country

3. (a) PRINT FULL NAME: Joe Homar 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: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: March 13, 1902 (Month) (Day) (Year)

8. AGE: Years 45 Months 6 Days 1 If less than one day hr. min.

9. Birthplace: Stockton, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farming
11. Industry or business

FATHER
12. Name: J. B. Taylor
13. Birthplace: Stockton, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Gillie May Pinkman
15. Birthplace: Stockton, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: J. B. Taylor
(b) Address: Stockton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Alder
18. (a) Signature of funeral director: Church & Neale
(b) Address: Stockton, Mo.
19. (a) OCT 15-1947 (Date received local registrar) (b) Geneva Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14 year 1947 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Crushed skull
Due to: overturned automobile
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: October 14, 1947
(c) Where did injury occur? Highway #64 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work?
(e) Means of injury: 3
23. Signature: M. D. Gwinn Coroner (M. D. or other)
Address: Ed Bonds Springs Mo Date signed 10/14/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 11 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. Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.