

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34294**
Registrar's No. **228**

FILED NOV 12 1947
Registration District No. **197**

Primary Registration District No. **4218**

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

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Community Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution one week
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Granville Lee Taylor
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mary Ball Taylor
 6. (c) Age of husband or wife if alive Deceased
 7. Birth date of deceased May 15 1865
(Month) (Day) (Year)

8. AGE:
 Years 82 Months 5 Days 15
 If less than one day hr. min.

9. Birthplace Morgan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business Henry Taylor

MOTHER FATHER
 { **12. Name** Unknown
 { **13. Birthplace** unknown
(City, town, or county) (State or foreign country)
 { **14. Maiden name** Unknown
 { **15. Birthplace** unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. C. Gunn
(b) Address Barnett, Missouri

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 11-2-47
(Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston Turner
(b) Address Windsor Mo.

19. (a) 11-4-47 (Date received local registrar) **(b)** R. P. Kenney
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry
 (c) City or town Windsor Tebo
(If outside city or town limits, write "RURAL")
 (d) Street No. 306 S. Tebo
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 30
 year 1947 hour 10 minute 30 AM
21. I hereby certify that I attended the deceased from Sept 1, 1947
 _____, 19____, to Oct 130, 1947
 that I last saw him alive on Oct 30, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Sclerosis
 Duration 4 yrs.
 Due to Acidosis 10 yrs.

Due to _____
 Other conditions 97
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Of operations none
 Of autopsy none
 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? _____

While at work? _____ (Specify type of place)
 (c) Means of injury _____
23. Signature J. G. Blackmore (M. D. or other) M.D.
 Address Windsor, Mo. Date signed 11-2-47

~~Date Filed 11-10-47~~
~~District File Number 10-47-1302~~
RECEIVED
District Health Officer No. 7

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.....

William M. Turner....., Registered Apprentice No. 470
working under my personal supervision.

Signed Edwin H. Hinton.....

Licensed Embalmer No. 3391.....

P. O. Address Windsor 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.