. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38687

FILED DEC 9 1947

Registration District No. 756 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 216 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 109 N. Jackson (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: Edwin T. Taylor
3. (b) If veteran, name war: No
3. (c) Social Security No. 500-09-3253
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: Sept. 29, 1905 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
42	0	10	hr. min.

9. Birthplace: Clarinda Iowa (City, town, or county) (State or foreign country)
10. Usual occupation: Truck Driver
11. Industry or business: Marlatt Transfer Co.
FATHER 12. Name: R.S. Taylor
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Cylinda Wallace
15. Birthplace: Peoria Ill; (City, town, or county) (State or foreign country)
16. (a) Informant: Vina E. Siders
(b) Address: 109 N. Jackson, Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Park Cem.
18. (a) Signature of funeral director: Hurlbut Und. Co.
(b) Address: Joplin Mo.
19. (a) 10-14-47 (Date received local registrar) (b) Delores Lampkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 10, day 1947 year hour 7:35 A.M. minute M.

21. I hereby certify that I attended the deceased from Did Not Attend to ; 19 ; that I last saw him alive on 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Electrocuted by 63,000 Volts while Climbing Pole of R.E.A.
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): High Voltage Line South of Joplin
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 73
(b) Date of occurrence Oct 8 1947
(c) Where did injury occur? R.R. (City or town) Hunter (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place - Contact (Specify type of place)
While at work? No (e) Means of injury 63,000 Volts
23. Signature: L.W. Kuffel M.D. or other
Address: 214 Joplin Date signed 10/11/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-11-912

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 Perry K Hurlbut

Licensed Embalmer No. 95-9

P. O. Address Joplin 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.