

S. No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1899
Registrar's No. 2

Registration District No. 245 Primary Registration District No. 5836

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

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

3. (a) PRINT FULL NAME WILLIAM HENRY 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 _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased SEPTEMBER 8 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 3 27 hr. min.

9. Birthplace RED KEY INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business _____

MOTHER FATHER { 12. Name SAMUEL TAYLOR
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name SARAH McKENNEY
15. Birthplace INDIANA
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sad Taylor
(b) Address Neosho Mo.

17. (a) BURIAL (b) Date thereof 1-7-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Neosho I.O.O.F.

18. (a) Signature of funeral director Carley Thompson
(b) Address Neosho Mo.

19. (a) Jan 8, 1948 (b) Melvin C. Borman
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 5
year 1948 hour 4:30 minute 2 M.

21. I hereby certify that I attended the deceased from _____, 19____
that I last saw him alive on Jan 5
and that death occurred on the date and hour stated above. 1948

Immediate cause of death Cause of death Unknown
Due to Natural Causes
Due to Died while sleeping

Other conditions _____
(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?

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature Carley Thompson (M. D. or other)
Address Neosho Mo. Date signed 1/5/48

RECEIVED

District Health Officer No. Newton
District File Number 149-247
Date Filed 1-15-48

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 Barley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.