

FILED MAR 15 1948

State File No. ....

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 24

1. PLACE OF DEATH

(a) County Seymour Co

(b) City or town Waynesville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution in new Hospital 3  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85

(c) City or town Waynesville,  
(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 Joseph Franklin Taylor

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7  
year 1948 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....

that I last saw him..... alive on....., 19.....

and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased MO July 11 1883  
(Month) (Day) (Year)

Immediate cause of death Crushed skull

8. AGE: Years Months Days If less than one day

64 7 20 hr. min.

Due to Saw mill accident.

9. Birthplace Wichita Kansas  
(City, town, or county) (State or foreign country)

Due to.....

10. Usual occupation Laborer

Other conditions (Include pregnancy within 3 months of death) 176 8

11. Industry or business.....

MOTHER FATHER { 12. Name Syrus John Taylor

13. Birthplace D.K. 9  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Cosner

15. Birthplace Ill. 1  
(City, town, or county) (State or foreign country)

Physician.....

Underline the cause to which death should be charged statistically.

Major findings: Crushed frontal bone

Of autopsy.....

16. (a) Informant Chassie Taylor

(b) Address Waynesville, Missouri

22. If death was due to external causes, fill in the followings

(a) Accident, suicide, or homicide (specify) Accident 85

(b) Date of occurrence 3/3/48

17. (a) Burial (b) Date thereof Mar. 4 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker, Missouri

(c) Where did injury occur? 2 1/2 miles East Waynesville, Pulaski Co, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Hand wood flooring mill  
While at work? yes (Specify type of place) (e) Means of injury crushed skull

18. (a) Signature of funeral director J.L. Hoops & Sons

(b) Address Crocker Missouri

23. Signature [Signature] (M. D. or D. O. B.) [Signature]

Address Richland Mo Date signed 3/3/48

19. (a) Mar. 8 1948 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

MAY 3 - 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

*Paul B. Hoops*

Licensed Embalmer No. *3261*

P. O. Address *Waynesville, N.C.*

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.