S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9562

FILED APR 5 1948

Registration District No. 46 244 Primary Registration District No. 200-15834 Registrar's No.

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Diamond, RFD #1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: lifetime (Specify whether years, months or days)
In this community: All his life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton
(c) City or town: Diamond, RFD #1
(If outside city or town limits, write "RURAL")
(d) Street No.: RFD #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MARION U. TAYLOR
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: Wid.
6. (b) Name of husband or wife: Dec.
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November 29, 1868 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	2	6	hr. min.

9. Birthplace: Jasper County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farmer
FATHER
12. Name: J. R. Taylor
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sarah J. Winters
15. Birthplace: Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant: Floyd Taylor
(b) Address: Diamond, RFD #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Saginaw Cemetary
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Mo.
19. (a) 2-9-48 (Date received local registrar) (b) Delores Lampkin (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Feb. day: 4th year: 1948 hour: 5:31 minute: A. M.
21. I hereby certify that I attended the deceased from Nov. 31 1947 to Feb 1st 1948 that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: H. B. Kerr D.O. (M.D.)
Address: Joplin Mo Date signed: 2-5-48

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

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

Dr. H. B. Kerr, D.O.

48-2-188

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 F. M. Jones

Licensed Embalmer No. 7319

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.