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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 21 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12220

Registration District No. 128 | Primary Registration District No. 2000 | Registrar's No. 278

9 2 6

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Medical Arts Building 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few minutes (Specify whether years, months or days)
In this community 21 Days

2. USUAL RESIDENCE OF DECEASED: 39
(a) State Mo. (b) County Greene 2
(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")
(d) Street No. 2545 N. Campbell Ave., 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Lane Ellis Taylor
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 1
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased March 10, 1948 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	21	____ hr. ____ min.

9. Birthplace Springfield (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Infant
11. Industry or business At Home
FATHER 12. Name Willard Taylor
13. Birthplace Springfield (City, town, or county) Mo. 0 (State or foreign country)
MOTHER 14. Maiden name Dorthy Smith,
15. Birthplace Cassville (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Willard Taylor
(b) Address Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem.
18. (a) Signature of funeral director J. W. Lingner & Co.,
(b) Address Springfield Mo.
19. (a) 4-1-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 1 year 1948 hour 8 minute 45 A.M.
21. I hereby certify that I attended the deceased from Mar 10, 1948 to APRIL 1, 1948 that I last saw him alive on Mar 18, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	1 da.
Due to Convulsions, cause undetermined	2 wks.
Due to	
Other conditions (Include pregnancy within 3 months of death) 0	
Major findings: Of operations 0	
Of autopsy Findings incomplete	

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Don J. Silsby M.D. (M. D. or other)
Address Springfield, Mo. Date signed 4-1-48

(Licensed Embalmer's Statement on Reverse Side)

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 Max Thaler

Licensed Embalmer No. 4071

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.