

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

FILED APR 26 1948

Registration District No. 251

Primary Registration District No. 5853-4379

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

1. PLACE OF DEATH:

(a) County Nodaway
Pickering

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

(c) Name of hospital or institution:
Family Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Pickering
(If outside city or town limits, write "RURAL")

(d) Street No. Rural - 5 Miles S. E.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM CHESTER 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 M

6. (b) Name of husband or wife Anna Moore Taylor

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased December 12 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 48 to April 10, 1948
that I last saw him alive on April 9, 1948
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>3</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death Cardiac Deletation
Pulmonary Edema
Due to Chronic Cardiovascular - Renal Disease

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Farragut Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Self-employed

12. Name Nathan F. Taylor

13. Birthplace Morris County, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Breeding

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

Major findings: BIH

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. W. C. Taylor

(b) Address Pickering, Missouri

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof: 4/13/48
(Month) (Day) (Year)

(c) Place: burial or cremation Miriam Price Funeral Home

18. (a) Signature of funeral director Maryville, Missouri

(b) Address _____

19. (a) 4-17-48 (Date received local registrar)

(b) Beas Helt (Registrar's signature)

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 W. R. Jackson (M. D. or other) _____

Address Maryville, Mo Date signed 4-13-48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.