S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 3 1948

Registration District No. 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5291

State File No. 15764

Registrar's No. 47

1. PLACE OF DEATH:
(a) County: CLAY
(b) City or town: LIBERTY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: J.O.F. HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 4 MONTHS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: Clay
(c) City or town: Liberty (If outside city or town limits, write "RURAL")
(d) Street No.: J.O.F. Home (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: CARL MICHAEL TAYLOR
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: divorced
6. (b) Name of husband or wife: ✓
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: July (Month) 4 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
59	10	19	hr. min.

9. Birthplace: HERDON (City, town, or county) MO (State or foreign country)
10. Usual occupation: Bank guard
11. Industry or business: —

MOTHER FATHER
12. Name: Wm. M. Taylor
13. Birthplace: Hardin (City, town, or county) MO (State or foreign country)
14. Maiden name: Katie Cook
15. Birthplace: Nelson (City, town, or county) MO (State or foreign country)

16. (a) Informant: Burt Bromen
(b) Address: J.O.F. Home - Liberty MO
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Butler MO
18. (a) Signature of funeral director: Church-Arnold Co
(b) Address: Liberty MO
19. (a) 5-24-1948 (Date received local registrar) (b) Maurice Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 23 year: 1948 hour: 8 minute: 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 1948, to May 23 1948, that I last saw him alive on May 23 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
~~Multiple~~ Multiple Sclerosis	5 yrs.
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: S. O. Schroeder (M. D. or other) M.D.
Address: Liberty, Mo. Date signed: 5/24/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-2-48

JUN 5

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 John Lombardo

Licensed Embalmer No. 4448

P. O. Address Liberty 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.