DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20439

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 43

1. PLACE OF DEATH:

(a) County: Putnam

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

(c) Name of hospital or institution: city (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 ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (Missouri) (b) County: Putnam

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

(d) Street No.: city (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: no

3. (a) PRINT FULL NAME: Tom Taylor

3. (b) If veteran, name war: ____

3. (c) Social Security No. 495-01-0926

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Leona Mae Taylor

6. (c) Age of husband or wife if alive: 39 years

7. Birth date of deceased: April 3, 1897 (Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace: Dellhart, Texas (City, town, or county) (State or foreign country)

10. Usual occupation: Coal miner operator

11. Industry or business: ____

FATHER

12. Name: Abe Taylor

13. Birthplace: unknown (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: unknown

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

16. (a) Informant: Leona Mae Taylor

(b) Address: Unionville, Mo.

17. (a) B. (Burial, cremation, or removal) (b) Date thereof: 6-17-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Thompson Cem.

18. (a) Signature of funeral director: H. Bartlett Son

(b) Address: Unionville, Mo.

19. (a) 6-19-48 (Date received local registrar) (b) Marvell Durbin (Registrar's signature) Clerk

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th year 1948 hour 2 minute 23 P.M.

21. I hereby certify that I attended the deceased from Oct. 11, 1947, to June 16, 1948 that I last saw him alive on June 16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia

Due to: Nephritis and Chronic vascular

Due to: Disease

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: ____

Of autopsy: ____

Duration: 1 week, 10 days, 2 yrs

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: ____

23. (Signature) W. W. Gillman (M. D. or other) D.O.

Address: Unionville, Mo. Date signed 6-16-48

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 2 19

RECEIVED
District Health Officer No. 10
District File Number 6-48-1101
Date Filed JUN 22 19

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 Merl E. Shisler

Licensed Embalmer No. 3304

P. O. Address Unionville, M

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

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