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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1948

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Turner 36213
State File No.

Registrar's No. 1049

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: 1104 W. Walnut (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 Days (Specify whether years, months or days)
In this community: 12 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Arkansas (b) County: Baxter 997
(c) City or town: Gassville (If outside city or town limits, write "RURAL")
(d) Street No.: none (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mary F. Taylor

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Sam F. Taylor

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

7. Birth date of deceased: Sept. (Month) 19 (Day) 1865 (Year)

8. AGE: Years 83 Months 2 Days 10 If less than one day: hr. min.

9. Birthplace: Flippin (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation: Home

11. Industry or business:

FATHER
12. Name: Pointer
13. Birthplace: (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name: Mary Pointer
15. Birthplace: (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant: Mrs. Mabel Perry
(b) Address: Long Beach, Calif.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Gassville, Ark.

18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.

19. (a) 11-30-48 (Date received local registrar) (b) N. E. Handley M.D. Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29 year 1948 hour 2 minute a. M.

21. I hereby certify that I attended the deceased from Nov. 7, 19 48, to Nov. 29, 19 48, that I last saw her alive on Nov 7 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CEREBRAL HEMORRHAGE	12 DAYS
Due to: CEREBRAL ARTERIOSCLEROSIS	
Due to:	
Other conditions: ARTERIOSCLEROTIC HEART DISEASE (Include pregnancy within 3 months of death)	

Major findings:
Of operations: no
Of autopsy: no

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: Glenn O. Turner (M. D. or other)
Address: Springfield, Mo. Date signed 11/29/48

(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 Robert W. McGraw, Registered Apprentice No. 277 working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, Mo.

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.