

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41878

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11129

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)

In this community 14 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

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

(d) Street No. 110 N 3rd Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME DAVID FRANKLIN TAYLOR

3. (b) If veteran, name war none

3. (c) Social Security No. 702-14-8787

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23
year 1948 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12-9, 1948, to 12-23, 1948.
that I last saw him alive on 12-23, 1948, and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) ~~Single~~ married

6. (b) Name of husband or wife Mary Francis Brown

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January 2 1882
(Month) (Day) (Year)

Immediate cause of death Carcinoma of lung

Duration Several months

8. AGE:

Years	Months	Days	If less than one day
66	11	21	hr. _____ min. _____

Due to _____

Due to _____

Other conditions ~~_____~~
(Include pregnancy within 3 months of death)

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

10. Usual occupation Car inspector

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business Missouri Pacific Railroad

12. Name Henry Bell Taylor

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

14. Maiden name unknown

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

16. (a) Informant Henry Taylor

(b) Address Dupo, Illinois

17. (a) Dupo, Ill (b) Date thereof Dec. 24, 1948
(City, town, or county) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Dupo, Illinois

18. (a) Signature of funeral director [Signature]

(b) Address Dupo, Illinois

19. (a) BEC 24 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other)
Address Missouri Pacific Date signed Dec 24

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

MOTHER FATHER

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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.....

body not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Harold Jackson

Licensed Embalmer No. 4095

P. O. Address..... Dupo, Illinois

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.