

National Office of Vital Statistics

FILED FEB 2 1949 47
Registration District No. 47Primary Registration District No. 6172

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Rural Washburn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Entire life
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Arabella Taylor
 3. (b) If veteran, name war.
 3. (c) Social Security No.

4. Sex F / 5. Color or race wh
 6. (a) Single, widowed, married, divorced 2
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive Dead years
 7. Birth date of deceased Oct 8 1866
 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 2
 If less than one day .hr. .min.

9. Birthplace Laney Co. Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name W. H. Mary

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

14. Maiden name Nancy Stackhill

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

16. (a) Informant Bertha (ma) Taylor

(b) Address Salina

17. (a) Burial (b) Date thereof 1-11-49
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salina Mo

18. (c) Signature of funeral director Ernest J. Chatham

(b) Address Salina Mo

19. (a) Jan. 19. 49 (b) Lena Murray
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
 year 1949 hour 1 minute 48 PM

21. I hereby certify that I attended the deceased from 19mm
 1949, to 10 Jan 1949
 that I last saw her alive on 9 Jan, 1949
 and that death occurred on the date and hour stated above.

Immediate cause of death

apparently -
hypertension

Due to

Due to

Other conditions 334
 (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 J. Murray (M. D. or other)

Address Salina Mo Date signed 18 Jan 49

MOTHER FATHER

RECEIVED
District Health Officer No. 6,
District File Number 149-90
Date Filed 1-28-49

FEB 2 1949

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: Everett J. Cheatham
Licensed Embalmer No. 3870
P. O. Address: Halena 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.