

**FILED**  
MAY 10 1943 296  
Registration District No. 296

Primary Registration District No. 6019

Registrar's No. 10

1. PLACE OF DEATH:

(a) County RAY

(b) City or town RURAL - ORRICK TWP  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2 MILES EAST OF ORRICK  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 73 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County RAY

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

(d) Street No. 2 MILES EAST OF ORRICK  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SERMAH TAYLOR

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th  
year 1943 hour 11 minute 0 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WH 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ANGELIA TAYLOR 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased MARCH 4 1870  
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

73 1 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings: Of operations \_\_\_\_\_

Of autopsy no autopsy

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

9. Birthplace RAY COUNTY Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

12. Name JAMES TAYLOR

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

14. Maiden name MARTHA FRAIZER

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

16. (a) Informant VIRGIL TAYLOR

(b) Address ORRICK, MO

17. (a) BURIAL (b) Date thereof 4-26-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Point Cem

18. (a) Signature of funeral director Ligon Funeral Home

(b) Address ORRICK, MO

19. (a) 4/26/43 (b) Dr. G. T. Simmons  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence April 24, 1943

(c) Where did injury occur Orick Ray Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home

While at work? in bed (Specify type of place) (2) Means of injury \_\_\_\_\_

23. Signature Dr. G. T. Simmons Deputy Coroner  
(M. D. or other)

Address Richmond 3 Date signed 4/24/43

1228

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

89  
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RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed ~~4-26-43~~

5-2-43

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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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*[Signature]*  
Licensed Embalmer No. 4137  
523 Elms Blvd, Exclusion Springs, Mo.  
P. O. Address

**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.**