

**OCT 26 1943** Meredith  
Registration District No. 24799

Prairie Home, Mo. 52975306  
Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Cole  
(b) City or town RURAL Marion Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D.#2, Centertown, Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 84 years  
years, months or days

3. (a) PRINT FULL NAME Charles D. Taggart  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Mary Taggart 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 8 1859  
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 19 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Marion, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Samuel Taggart  
13. Birthplace Moniteau County, Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace Paul Taggart (City, town, or county) (State or foreign country)

16. (a) Informant Paul Taggart  
(b) Address R.#1, Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July-29-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Marion, Missouri

18. (a) Signature of funeral director W. H. Gordon

(b) Address Jefferson City, Missouri

19. (a) July 29, 1943 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cole  
(c) City or town RURAL (If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D.#2, Centertown, Mo. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Apr 13 1943 to July 23 1943  
that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Apoplexy  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 820

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

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) (c) Means of injury

23. Signature A. L. Meredith (M. D. or other) MD  
Address Prairie Home, Mo. (City or town) (County) (State)

Duration 3 1/2 m  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

**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 Fred P Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City, 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.**