

No. 2  
-5-42  
5-17-39  
X32673

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2054

FILED JAN 24 1945

State File No. \_\_\_\_\_

Registration District No. 2-17-77

Primary Registration District No. 5-29-10306

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cole Co

(b) City or town Rural Marion  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Centertown, Mo., Rt #2  
(If not in hospital or institution, write street number or location)

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

In this community 4 Yrs  
years, months or days)

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. Centertown, Mo., Rt # 2  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Albert Ray Taggart

3. (b) If veteran, name war No

3. (c) Social Security No. 303.01.0021

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14  
year 1944 hour 10 minute 30 M. P.

21. I hereby certify that I attended the deceased from Dec 12  
1944 to Dec 16 1944  
that I last saw him alive on Dec 15  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Taggart

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan 089 1874  
(Month) (Day) (Year)

Immediate cause of death coronary thrombosis

Duration 15 min

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

70	10	17	
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hr. \_\_\_\_\_ min.

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

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

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

Other conditions (Include pregnancy within 3 months of death) 94a

10. Usual occupation Farmer

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

12. Name Christopher Taggart

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

14. Maiden name Arvilla Glenn

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

16. (a) Informant A. R. Taggart, Jr.

(b) Address 540 1/2 E. Walnut - Indianapolis

17. (a) Burial (b) Date thereof Dec. 19, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cent.,  
Bowlin Funeral Home

18. (a) Signature of funeral director California, Mo.

(b) Address 12/14/44

19. (a) 12/14/44 (b) J. J. Wellhaus  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

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

23. Signature [Signature] (Other) \_\_\_\_\_

Address [Signature] Date signed 12-18-44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

237  
16-45

196

MAR 16 1945

MAR 26 1945

679192

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-23-45

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 M.E.  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Earl P. Bowler  
Licensed Embalmer No. 2126  
P. O. Address California 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.