

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

1 X1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAR 11 1940

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

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 47

1. PLACE OF DEATH: Cole

(a) County Cole

(b) City or town Jefferson City

(c) Name of hospital or institution: St. Marys Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 4 Weeks  
2 Yrs. (Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. Marion, Mo.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Roland Garnett Taggart 263

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 8, 1938  
(Month) (Day) (Year)

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

1	11	16	
hr.		min.	

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name Curtis Taggart

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

14. Maiden name Bernice Garnett  
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Curtis Taggart

(b) Address Marion Mo.

17. (a) Burial (b) Date thereof 2/26/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cem. Marion,

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

(b) Address Jefferson City, Mo.

19. (a) 2-26-40 (b) A. U. Buescher M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th  
year 1940 hour 9:00 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Jan 24, 1940, to Feb 24, 1940,  
that I last saw him alive on Feb. 24th, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis, lethargic Duration \_\_\_\_\_

Due to Influenza

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

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

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to 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? \_\_\_\_\_

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

23. Signature A. U. Buescher (M. D. or other) M.D.  
Address Jefferson City, Mo. Date signed 2/26/40

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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.....

*Victor Buescher*

Licensed Embalmer No. 3701

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, above space should be left blank.**