

REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13739

Do not use this space.

1. PLACE OF DEATH

(a) County JacksonRegistration District No. 399(b) Township KawPrimary Registration District No. 100(c) City Kansas City, Mo.(d) Street No. Municipal AuditoriumRegistered No. 1719

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Phil S. Taggart 263(a) Residence, No. 4102 Pennsylvania

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMrs. Maude Taggart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar. 1, 1890

7. AGE

YEARS

48

MONTHS

1

DAYS

20If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Chief Clerk

9. Industry or business in which work was done, as saw mill, bank, etc.

Water Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Jefferson City, Mo.

FATHER

13. NAME

John Wesley Taggart14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri

MOTHER

15. MAIDEN NAME

Mollie Dunbar16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky17. INFORMANT
(ADDRESS)Mrs. Maude Taggart
4102 Pennsylvania, KC, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Forest Hill

DATE

Apr. 25, 193819. FUNERAL DIRECTOR
(ADDRESS)R. V. Lindsey & Sons
3811 Broadway, KC, Mo.

20. FILED

Apr. 23, 1938 M. M. Brown

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Apr. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from

, 19

to

, 19

I last saw him alive on Apr. 20, 1938 at Coroner's office. Death is saidto have occurred at the time stated above, at 10:55 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary sclerosis
diffuse myocardial scarring
Pulmonary edema & congestion

Date of onset

Other contributory causes of importance:

94B

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FORM 7-37 1 X 12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)