

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.

REC'D JAN 18 1939

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

42768  
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 197  
 (b) Township Salisbury Primary Registration District No. 5236A  
 (c) City North Kansas City (d) Street No. 1325 Swift St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1325 Swift St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James William Still  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1873  
 7. AGE YEARS 65 MONTHS 9 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 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) Smithville Mo  
 FATHER 13. NAME David L. Taylor  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 MOTHER 15. MAIDEN NAME Louise Elizabeth Shields  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 17. INFORMANT James W. Still  
 (ADDRESS) Mo/CC Mo 1325 Swift  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE Dec 29, 1938  
 19. FUNERAL DIRECTOR (NAME) Morton  
 (ADDRESS) North 112 Mo  
 20. FILED 1-10, 1939 Viola C. Mays Local Registrar.  
Sec. L. H. A.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1938 to Dec 27, 1938  
 I last saw her alive on Dec 27, 1938 Death is said to have occurred on the date stated above, at 9: A. m.  
 The principal cause of death and related causes of importance were as follows:  
Arterio-sclerotic Heart Disease Date of onset \_\_\_\_\_  
Pneumo-pneumonia  
 Other contributory causes of importance: 95 lbs  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) M. Q. Longhorne M.D. M. D.  
No. Kansas City Mo

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11/14/39

**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, .....

*personally* ....., or by .....,  
Registered Apprentice No. ...., working under my personal supervision.

Signed *Harold L. Rosson* .....

Licensed Embalmer No. *3225* .....

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, above space should be left blank.**