

REC'D JUL 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **399**

21081

Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 1002
(b) Township NAW Primary Registration District No. _____ Registered No. _____
(c) City KANSAS CITY (d) Street No. RESEARCH HOSPITAL 2229 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

460 Miss FANNIE G. TAYLOR
(a) Residence, No. 801-EAST-41ST STREET St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JANUARY 16 1874</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>4</u>
	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>AT HOME</u>	
	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) <u>MORGANFIELD 1 KENTUCKY</u>		
FATHER	13. NAME <u>UNKNOWN TAYLOR 9</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN 9</u>	
MOTHER	15. MAIDEN NAME <u>UNKNOWN</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>	
17. INFORMANT <u>Mrs. GEORGE W. TAYLOR</u> (ADDRESS) <u>801-EAST-41ST STREET</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>FOREST HILL</u> DATE <u>JUNE-7 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>D.W. NEWCOMERSONS</u> (ADDRESS) <u>1401-BRUSH CREEK BLVD.</u>		
20. FILED <u>June 6 1939</u> <u>M. M. Crowe</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-6 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1 - 1939, to 6-6 - 1939
I last saw her alive on 6-6 - 1939. Death is said to have occurred on the date stated above, at 12:50 A.M.
The principal cause of death and related causes of importance were as follows:
Congestive Heart Failure
Hypertension
Arteriosclerosis
Date of onset 950

Other contributory causes of importance:
Hypertension
Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis Arteriosclerosis 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?
If so, specify _____
(Signed) Smallbeck M. D.
(Address) 924 Prof. Bl. K. E. Mo.

924 Professional Bldg
12-5

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. 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.