

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

24512  
Do not use this space.

REC'D AUG 7 1939

**1. PLACE OF DEATH**

(a) County Jackson 2 Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2725  
 or Kansas City 1  
 (c) City (d) Street No. 59.15 E 36th Terrace 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 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

460 Elizabeth Williams Taylor  
 (a) Residence, No. 59.15 E. 36th St. Terrace 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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Taylor  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1902  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
37 4 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Grocery  
 9. Industry or business in which work was done, as saw mill, bank, etc. Grocery Store  
 10. Date deceased last worked at this occupation (month and year) June 26, 39. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence S. Car. 1

FATHER 13. NAME Claud A. Williams 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newberry S.C. 1

MOTHER 15. MAIDEN NAME Mary Eichelberger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington S.C.

17. INFORMANT Mary Williams, Mother  
 (ADDRESS) 5915 E 36th St. Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 6-30 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Adkins Bros. 2000 E. 12th

20. FILED July 6 1939 M.M. Browne  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-20 1939 to 6-26 1939.  
 I last saw her alive on 6-26 1939. Death is said to have occurred on the date stated above, at 5:30 PM.

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

Bronchial Pneumonia.  
Mitral Insufficiency.  
 Date of onset

Other contributory causes of importance:  
 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..... 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) J.O. Stoney, M. D.  
 (Address) 205 Lincoln Bldg.

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

50M-9-19-38 I X16605

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.

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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..... *Edw. J. Edwards* .....

Licensed Embalmer No..... *3836* .....

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.**