

AUG 7 1939

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

24627

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 2840
(c) City Kansas City, Mo. (d) Street No. 3511 East 25th, Str., K.C. Mo. 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 Alco Dicie Emma Taylor

(a) Residence, No. 3511 East 25th, Str., K.C. Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----- <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 26th, 1860</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>2</u>
		DAYS
		<u>16</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>At Home</u>	
	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>Dover, Missouri</u>		
FATHER	13. NAME <u>No Record Tapp</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Amissville, Virginia</u>	
MOTHER	15. MAIDEN NAME <u>No Record</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>	
17. INFORMANT <u>Mr. Wm. R. Mortenson,</u> (ADDRESS) <u>3511 E. 25th, Str., K.C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Washington,</u> DATE <u>July 15-1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Mrs. C.L. Forster</u> (ADDRESS) <u>918 Brooklyn Avenue, K.C. Mo.</u>		
20. FILED <u>July 14 1939</u> <u>M. M. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12th, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939 to July 12, 1939
I last saw her alive on July 10, 1939. Death is said to have occurred on the date stated above, at 6:14 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Name of operation none Date of.....
What test confirmed diagnosis clinical 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) E. L. Ramsey, M. D.
(Address) 311 Apple St. Mo.

Phone

211 5792

Orange City

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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 Theron A. Redman

Licensed Embalmer No. 2737

P. O. Address R.C.M.

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.