

FILED MAY 15 1940

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1527

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Days
(Specify whether
In this community 32 Years
years, months or days)

3. (a) PRINT FULL NAME Mr. Edgar Columbus Taylor

3. (b) If veteran, name war None 3. (c) Social Security No. 490-09-1029

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Myrtle A. Taylor 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June 18 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 9 18 hr. min.

9. Birthplace Belleville Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Independence Ice & Creamery Co.

MOTHER FATHER { 12. Name Dr. Columbus Taylor
13. Birthplace Edinburgh Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Mary Davis
15. Birthplace Whalesville Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Augustine C. Taylor
(b) Address Butte, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8, 1940
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) April 8, 1940 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 340 North Bellaire
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1940 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from March 13 1940 to April 6 1940
that I last saw him alive on April 6 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 24 days
Terminal Uremia 7 days
Due to 9403
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
Of autopsy: _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury 1
23. Signature F. A. Wilkinson (M. D. or other) M.D.
Address 1103 Grand Ave Date signed 4/6/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Johnnie Warren
not according to
known habits*

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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

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.