

Registration District No. 399

Primary Registration District No. 1002

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 of institution 3 Weeks
(Specify whether years, months or days)
In this community 53 Years

3. (a) PRINT FULL NAME Mr. Guy B. Taylor

3. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Calla L. Taylor 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased September 27 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 7 19 hr. min.

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

10. Usual occupation Superintendent

11. Industry or business Garbage Inspection

12. Name Louis Taylor

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Anna Stevens

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Guy B. Taylor

(b) Address 4730 Campbell Street

17. (a) Burial (b) Date thereof May 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Mt. Washington Cem.

18. (a) Signature of funeral director D. W. Newsamer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 17, 1940 (b) M. M. Browne
(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. 4730 Campbell Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th
year 1940 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from April 1 - 1940 to May 16, 1940;
that I last saw him alive on May 15, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema

Due to Coronary occlusion 3 wks

Due to 94%

Other conditions -----
(Include pregnancy within 3 months of death)

Major findings: Of operations -----

Of autopsy Interfered above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -----

(b) Date of occurrence -----

(c) 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 -----

23. Signature Loth. Wyatt (M. D. or other) M.D.

Address 388 D Poplar Date signed -----

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3850, Grapport Avenue

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 *H. C. Newcomer Jr.*

Licensed Embalmer No. 7043

P. O. Address *R. 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.