No. 2
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FILED AUG 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24457

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3067

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

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: 2000 Wabash (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution (Specify whether

In this community over 50 yrs years, months or days)

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") 0

(d) Street No. 2000 Wabash (If rural, give location)

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

3. (a) PRINT FULL NAME Edward H. Taylor 460

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Addie Taylor

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb. (Month) 14, (Day) 1870 (Year)

8. AGE: Years 70 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Richmond (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At Home 0

11. Industry or business

FATHER
12. Name George Taylor 9
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Addie Taylor

(b) Address 2000 Wabash

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/31.40 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Arthur Bros.

(b) Address 1729 Lydia

19. (a) July 31, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1940 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 20 ~~40~~, 1940, to July 27, 1940 that I last saw him alive on July 27, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Insufficiency	6 wks?
Due to 121	
Due to Interstitial Nephritis (Chronic)	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
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

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Fred H. Evans (M. D. or other)

Address 520 Argyle Date signed 7/29/40

(Licensed Embalmer's Statement on Reverse Side)

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 Isaac Jerome Magslow

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.