FILED OCT 11 1940

No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30990
Registrar's No. 3553

Registration District No. 399 Primary Registration District No. 1002

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: St. Luke's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 Days (Specify whether years, months or days) In this community 36 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Browning (If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME James Henry Taylor

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Eliza

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased November 7th, 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	10	4	hr. min.

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

10. Usual occupation Farmer 0

11. Industry or business Farming 0

FATHER 12. Name George W. Taylor

13. Birthplace Linn Co. (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name Anabelle Schrock

15. Birthplace Linn Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Vernon Norvell

(b) Address Browning, Missouri

17. (a) Removal & Burial (Burial, cremation, or removal) (b) Date thereof Sept 11-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Browning, Mo.

18. (a) Signature of funeral director H. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd

19. (a) Sept. 10, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1940 hour 2 minute 05 A.M.

21. I hereby certify that I attended the deceased from June, 1940, to Sept 11, 1940; that I last saw him alive on Sept 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia - Lobar - Pneumococcus	
Due to Carcinoma of rectum (Recto sigmoid)	
Due to Resection	
Other conditions (Include pregnancy within 3 months of death) 4b	

Major findings: Of operations Carcinoma at recto sigmoid

Of autopsy no

PHYSICIAN — 4b 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 F. B. Campbell (M. D. or other) MD

Address Kansas City, Mo. Date signed 9-11-40

(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 C. Harvey Quisenberry

Licensed Embalmer No. 4070

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.