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

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1169

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 129

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: Lake Side Hospital 0 (If not in hospital or institution, write street number or location)

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

In this community 60 Year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 48 (If outside city or town limits, write "RURAL") 5

(d) Street No. 3644 Holmes 8 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Stewart Taylor.

3. (b) If veteran, name war

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 Marion Tayla

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 1 (Month) 20 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	0	12	hr. min.

9. Birthplace Newcastle (City, town, or county) Kentucky 1 (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business

FATHER
12. Name John Y Taylor
13. Birthplace Unknown (City, town, or county) 1 Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Mary Morrison
15. Birthplace Unknown (City, town, or county) 1 Pennsylvania (State or foreign country)

16. (a) Informant Marion Taylor

(b) Address 3644 Holmes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 9 (Day) 41 (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director H H Daniels

(b) Address 1536 Main

19. (a) Jan 9 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1941 hour 5 minute 19 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to Jan 7, 1941 that I last saw him alive on Jan 7, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pyloric obstruction	?
Due to Gastric Carcinoma	?
Due to	
Other conditions (Include pregnancy within 3 months of death) 46	

Major findings: Of operations Pyloric Carcinoma

Of autopsy none

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? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? E (Specify type of place)

While at work? (e) Means of injury

23. Signature H. T. Wetterling (M. D. or other)

Address 2603 E. 31 Date signed Jan 7-41

(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~~ Ralph Van Landingham, Registered Apprentice No. ____, working under my personal supervision.

Signed Ralph Van Landingham

Licensed Embalmer No. 4009

P. O. Address 820 Wyoming Kansas City, 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.