

No. 2
-12-40
17-39
X23159

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1203
State File No.
163
Registrar's No.

Registration District No. 299

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:
Trinity Lutheran
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Michael F. Taylor

3. (b) If veteran, name war _____ 3. (c) Social Security No. 486-05-7245

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 18 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 3 24 hr. _____ min.

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

10. Usual occupation Maintenance Foreman
11. Industry or business Western Union Telegraph

MOTHER FATHER { 12. Name Charles Taylor
13. Birthplace New York (City, town, or county) (State or foreign country)
14. Maiden name Martha Hayward
15. Birthplace Michigan (City, town, or county) (State or foreign country)

16. (a) Informant Mrs John W. Sample
(b) Address 1111 West 40th St.

17. (a) Removal (b) Date thereof 1/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wichita Kans.

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City Missouri

19. (a) 1-12-1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. 3527 Benton Blvd.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12/41
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec 20 1940 to Jan 12 1941; that I last saw him alive on Jan 11 1941 and that death occurred on the date and hour stated above.

Immediate cause of death:
1-Carcinoma Recurreid-annular
2-Generalized metastasis in
Due to abdominal viscera
Due to _____

Other conditions (Include pregnancy within 3 months of death) 46y

Major findings: Abdominal carcinoma (obstruction)
Of operations _____
Of autopsy same

Duration
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 [Signature] (M. D. or other) D
Address 1125 Pauls Blvd Date signed 1-12-41

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

22C

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.