

No. 2
1-4-41
17-39
X28390

DEPARTMENT OF THE COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5901**

Registration District No. **299**

Primary Registration District No. **1002**

Registrar's No. **673**

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:
2412 Troost
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 3 yrs

3. (a) PRINT FULL NAME Cordia Taylor
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex Femal
 5. Color or race White
 6. (a) Single, widowed, married, divorced, wid. 2 divorced Wid.
 6. (b) Name of husband or wife W.C. Taylor
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 26 1869
(Month) (Day) (Year)

8. AGE:
 Years 71 Months 11 Days 4
 If less than one day hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
 12. Name Jonathan Loveall
 13. Birthplace Cedar County Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Parthena White
 15. Birthplace Cedar County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Cecil C. Green
 (b) Address 315 north Bellair

17. (a) burial (b) Date thereof Feb 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs. C.L. Forster
 (b) Address 918 Brooklyn

19. (a) 2/15/41 (b) M. M. Crowe
(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. 2412 Troost Avenue
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13th
 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from During the past year 19____ to time of death 19____
 that I last saw her alive on 1-25-41 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Confluent bronchopneumonia, terminal Cardiac dilatation & hypertrophy

Due to Generalized arteriosclerosis

Due to _____

Other conditions _____

Major findings: 950
 Of operations _____

Of autopsy Yes-by Payh. Dept. of K.C. Gen. Hospital

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 Wm. R. Thom (M. D. or other) _____
 Address Med. Dir. K.C. Gen. Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed

J. Clair Sheppard

Licensed Embalmer No. 4179

P. O. Address K. C. Me

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.