

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

48
3
8

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. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Hours
(Specify whether)

In this community 35 Years
(years, months or days)

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")

(d) Street No. 636 West 39 Street 8
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Gilbert T. Taylor

3. (b) If veteran, name war None

3. (c) Social Security No. 486-05-3618

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1941 hour 5 minute 20 A. M.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mary Estelle Taylor

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

7. Birth date of deceased: June 7 1885
(Month) (Day) (Year)

21. I hereby certify that Coroner the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u> 56	<u>10</u>	<u>5</u>	hr. min.

Immediate cause of death: Artery thrombosis

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

Due to Artery thrombosis of coronary artery

Due to 9/40

10. Usual occupation Fixture Finisher

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/40

11. Industry or business Smith-Street- John Mfg. Co.

MOTHER FATHER

12. Name Willis Herbert Taylor

13. Birthplace New Jersey
(City, town, or county) (State or foreign country)

14. Maiden name Agna Belle Magan

15. Birthplace Dubuque, Iowa
(City, town, or county) (State or foreign country)

Of autopsy See above

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant F. B. Alduffer

(b) Address 3900 Fisher

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof April 15, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in about home, on farm, in industrial place, in public place?

(c) Place: burial or cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director D. H. Murrells, D.D.M.

(b) Address 1401 Brush Creek Blvd.

19. (a) Apr 14 1941 (b) M. M. Grome
(Date received by local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(c) Means of injury 4/14/41

23. Signature [Signature] (M. D. or D.D.M.)

Address [Address] Date signed [Date]

C

*Dr. Geo F. Tindleton
Prof Bldg 01102*

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 *H. 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, fact should be so stated above.