

No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MOISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14264

State File No. ....

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Springs, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Facility /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days  
(Specify whether  
In this community unknown  
years, months or days)

3. (a) PRINT FULL NAME Bert Taylor

3. (b) If veteran, name war World War  
3. (c) Social Security No. Yes-not remembered

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

6. (b) Name of husband or wife Divorced  
6. (c) Age of husband or wife if alive - years

7. Birth date of deceased April 19, 1889  
(Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 2  
If less than one day  
hr. min.

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

10. Usual occupation Laborer

11. Industry or business --

12. Name Harvey Taylor  
13. Birthplace unknown 9 unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Rose  
15. Birthplace unknown 9 unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records  
(b) Address Removal

17. (a) Wadsworth, Kans. (b) Date thereof 4-22-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wadsworth, Kans.

18. (a) Signature of funeral director Claude Prichard  
(b) Address Excelsior Springs, Mo.

19. (a) 4-23-41 (b) Mrs. M. Corahan  
(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. 2114 Highland  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st  
year 1941 hour 9:48 minute A. M.

21. I hereby certify that I attended the deceased from  
April 10, 1941, to April 21, 1941  
that I last saw h. im alive on April 21, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver  
Due to 124  
Due to 124  
Other conditions --  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: --  
Of operations --  
Of autopsy Cirrhosis of liver  
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?  
SA  
SA  
(Specify type of place) (e) Means of injury  
Signature E.A. Welch (M. D. or other) D  
Address Veterans Administration Date signed 4-22-41

(Licensed Embalmer's Statement on Reverse Side) Excelsior Springs, Mo.

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

4  
1  
1

MS  
MS

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 5-6-41

**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 Robert Ray

-S- Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, 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.**