No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20863

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2393

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Home (If not in hospital or institution, write street number or location)

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

In this community 20 yrs years, months or days)

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. 1615 Woodland Ave (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Wm Taylor.

3. (b) If veteran, name war No

3. (c) Social Security 497-14-2858

4. Sex 2 male

5. Color or race Negro

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

6. (b) Name of husband or wife Claudie Taylor

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May (Month) 16 (Day) 1890 (Year)

8. AGE: Years 51 Months 1 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Marshall (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Capt Manager

11. Industry or business

FATHER
12. Name Robert Maud Taylor
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Sarah Marshall
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Della Hunter, Sister

(b) Address 1531 E 11th street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-41 (Month) (Day) (Year)

(c) Place: burial Blue Ridge Lawn KC Mo

18. (a) Signature of funeral director Flynn & Green Street

(b) Address 1819 E 15th K C Mo

19. (a) 6/23/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 - day 20 - year 1941 hour 8:40 - minute - P. M.

21. I hereby certify that I attended 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.

Immediate cause of death Hypertrophy of the heart

Due to Chronic glomerular nephritis

Due to

Other conditions (Include pregnancy within 3 months of death) 121

Major findings: Of operations 121b

Of autopsy

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 Victor M Tuttle (M. D. or other)

Address K.C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 2 1942

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 Edw Stevens

Licensed Embalmer No. 3836

P. O. Address 1819 E 18th St Balto Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.