

FILED MAR 9 1942 399

Registration District No.

Primary Registration District No. 1002

481

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:
3231 Prospect, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community Since June, 1940 (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Lynn Taylor,

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unk

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

7. Birth date of deceased: July 7, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 58 6 22 hr. min.

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

10. Usual occupation U.S. Army

11. Industry or business

12. Name Scott Taylor

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

14. Maiden name Anna Sigmund, Webb

15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Stine-McClure

(b) Address K. C. Mo.

17. (a) Cremation (b) Date thereof 2-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Elmwood Cem

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-3-42 (b) M. M. Browe
(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, 5
(If outside city or town limits, write "RURAL") 8

(d) Street No. 3231 Prospect,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes; name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th
year 1942 hour 1:00 minute P. M.

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

Immediate cause of death: Cerebral thrombosis
Cerebral embolism above

Due to _____

Due to _____ 83B

Other conditions (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy fracture of skull

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? _____

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature M. M. Browe (By Doctor) _____
Address Keew Date signed 2-3-42

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

3-20-11 11:00 AM

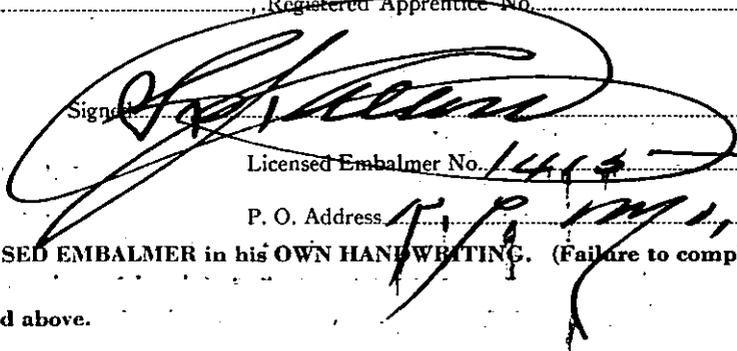
STATEMENT BY LICENSED EMBALMER

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.

Signature.....



Licensed Embalmer No. 1413

P. O. Address R. P. 12411

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.