

FILED MAY 14 1942

State File No.

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1757

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4-29-42-5-2-42
(Specify whether years, months or days)
 In this community 10 years

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. 1908 E. 19th
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME GREEN TAYLOR
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 2
 year 1942 hour 5 minute 15 a. m.

4. Sex Male
 5. Color or race Negro
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Henrietta Taylor
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased: May 20 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 29 1942 to May 2 1942
 that I last saw him alive on May 2 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 11 12 hr. min.

Immediate cause of death Gangrenous Cystitis with Uremia
 Due to Chronic Prostatism

9. Birthplace Sedalia Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Unemployed

Due to 137B
 Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business

12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Aggie
 15. Birthplace Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations

16. (a) Informant Record Clerk
 (b) Address General Hospital No. 2
burial
 17. (a) (b) Date thereof 5/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lincoln Cemetery
 18. (a) Signature of funeral director Hickins Bros
1729 Lydia
 (b) Address
 19. (a) May 4 1942
(Date received local registrar) (b) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)

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

Signed

Isaac Jerome Mayhew

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.