V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 13567

Registrar's No. 1758

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: General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-29-42-4-30-42 (Specify whether years, months or days)

In this community 16 years

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.: 1407 Garfield 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: WILLIAM TAYLOR

3. (b) If veteran, name war: None

3. (c) Social Security No. 499-14-7064

4. Sex: Male 2

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Ruth Taylor

6. (c) Age of husband or wife if alive: 17 years

7. Birth date of deceased: March (Month) 23 (Day) 1924 (Year)

8. AGE: Years 18 | Months 1 | Days 7 | If less than one day ___ hr. ___ min.

9. Birthplace: Oklahoma City (City, town, or county) Oklahoma (State or foreign country) 1

10. Usual occupation: Dishwasher

11. Industry or business: West-End Hotel

FATHER
12. Name: William Alexander Taylor 1
13. Birthplace: Oklahoma City (City, town, or county) Oklahoma (State or foreign country)

MOTHER
14. Maiden name: Ora Gamble
15. Birthplace: (City, town, or county) Texas 1 (State or foreign country)

16. (a) Informant: Record Clerk
(b) Address: General Hospital No. 2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/5/42 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Gem

18. (a) Signature of funeral director: Watkins Bros
(b) Address: 1729 Lydia

19. (a) May 4 1942 (Date received by local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1942 hour 3 minute 30 a.m.

21. I hereby certify that I attended the deceased from April 29, 1942, to April 30, 1942, that I last saw him alive on April 30, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized Peritonitis with Intestinal Obstruction (non-operative)

Due to: Post-operative adhesions one year ago

Due to: Abdominal stab wound

Other conditions (Include pregnancy within 3 months of death): 122 B

Major findings:
Of operations

Of autopsy: Same as above

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 G. O. Dewey (M.D. or other)

Address Gen. Hosp. #1-600 E. 22 Date signed 5-4-42

341 (Licensed Embalmer's Statement on Reverse Side)

Gr. 98143

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 Issac Jerome Maylore

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.