

Registration District No. 349

Primary Registration District No. 1002

48  
30  
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:  
3539 Gillham Road  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson #8

(c) City or town Kansas City 2000  
(If outside city or town limits, write "RURAL")

(d) Street No. 3539 Gillham Road  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. William Earl N. Taylor

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th  
year 1942 hour 6 minute 30 A. M.

3. (b) If veteran, name war World War I

3. (c) Social Security No. No

21. I hereby certify that I attended the deceased from May 23, 1942 to June 5, 1942  
that I last saw him in alive on June 5, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

Immediate cause of death Cerebral hemorrhage

Duration 2 Wks.

6. (b) Name of husband or wife Mrs. Alice Taylor

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased August 8, 1888  
(Month) (Day) (Year)

8. AGE: Years 53 Months 8/10 Days 28 If less than one day hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

9. Birthplace Des Moines Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Sales Promotion

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business Retired 5 Years

12. Name Frank Taylor

13. Birthplace Wautago Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Operating Artist

15. Birthplace Des Moines Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Taylor

(b) Address 3539 Gillham Road

17. (a) Burial (b) Date thereof June 8, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Calvary Cemetery

18. (a) Signature of funeral director D. H. Newcom

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-6-42 (b) M. M. [Signature]  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence X

(c) Where did injury occur? X  
(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)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M. D.  
Address 2045 Broadway Date signed June 5

2045 Broadway  
11-1, 4:30-6

NOV 7 1917

**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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.**