

FILED JUN 27 1942

State File No. 2374

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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 4-30-42-6-16-42
(Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1332 Garfield
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME LIBBIE TAYLOR

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leslie Taylor 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased March 17 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 30 If less than one day 9 hr. min.

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

10. Usual occupation Unemployed

11. Industry or business.....

12. Name Theodore Jones

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

14. Maiden name Louise Wilson

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 6/19/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery

18. (a) Signature of funeral director Nathan W. Thatcher

(b) Address 1520 N. 5th Street

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1942 hour 7 minute 30 a. m.

21. I hereby certify that I attended the deceased from April 30 1942 to June 16 1942
that I last saw her alive on June 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia and Starvation Duration

Due to Amytrophic Lateral Sclerosis

Due to.....

Other conditions 827
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Same as above

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 name of place)
(a) Means of injury 1

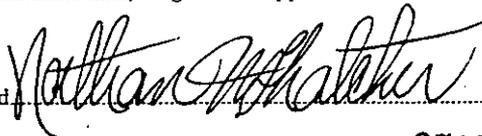
23. Signature [Signature] (M. D. or other).....
Address 1520 N. 5th Street Date signed 6-19-42

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

MOTHER FATHER

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 

Licensed Embalmer No. **2700**

P. O. Address **1520 N. 5th Street**

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.