

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 St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)
 In this community 1 Day

3. (a) PRINT FULL NAME Stephen Neal Taylor
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ---
 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased September 7 1942
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business ---

MOTHER FATHER {
 12. Name William Boyd Taylor
 13. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Vivian I. Isler
 15. Birthplace Chapman Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. William Boyd Taylor
 (b) Address 5703 Troost Avenue

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

(c) Place: D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 9/9/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 5703 Troost Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8
 year 1942 hour 11 minute 05 M.

21. I hereby certify that I attended the deceased from Sept. 7
1942 to Sept. 8, 1942;
 that I last saw him alive on Sept. 5, 1942;
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature infant

Due to 159

Due to _____

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

Major findings: Of operations ---

Of autopsy No autopsy

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

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

While at work? --- (Specify type of place)
 (e) Means of injury ---

23. Signature C. North Peyton (M. D. or other)
 Address St. Joseph Hosp. Date signed Sept 9 1942

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Ernie 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.