

FILED DEC 31 1942  
449

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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 **Research Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 Hours**  
(Specify whether years, months or days)  
In this community **25 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. **1901 East 38th Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **--**

3. (a) PRINT FULL NAME **Mrs. Mary Taylor George**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **December** day **19**th  
year **1942** hour **12** minute **50 P.M.**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mr. Norman William George**  
6. (c) Age of husband or wife if alive **46** years  
7. Birth date of deceased **October 20 1891**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 19 1942** to **Dec 19 1942**  
that I last saw him alive on **Dec 19 1942**  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>51</b>	<b>1</b>	<b>29</b>	hr. _____ min.

Immediate cause of death **apoplexy**  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to **83a**

9. Birthplace **Clinton Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **None - Housewife**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **No**

11. Industry or business **At Home**  
12. Name **Mr. George Washington Taylor**  
13. Birthplace **Henry County Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Elizabeth Baker**  
15. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Wm. Sings**  
(b) Address **1901 E 38 St**  
17. (a) **Burial** (b) Date thereof **Dec 22, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial **Glacial Hills**  
18. (a) Signature of funeral directors **W. H. Newcomer, done**  
(b) Address **1401 Brush Creek Blvd.**  
19. (a) **12-22-42** (b) **M. M. Brown**  
(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) \_\_\_\_\_  
(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 type of place) (Cause of injury)  
23. Signature **W. Moutgomery** (M. D. or other)  
Address **1215 S. 10th St.**

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

48  
11  
8

MOTHER FATHER

361

George

Dr. J. H. Montgomery  
1332 Prof. Bldg.  
7-4

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**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

*Elmer Thomas*

Licensed Embalmer No. *2640*

P. O. Address *Kearns City, 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.**