

FILED JAN 11 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4845

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 1124 Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Months
(Specify whether years, months or days)

In this community 11 Months

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. 1124 Benton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME DORA KATHRINE TALIAFERRO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1942 hour 5 minute 50 P.

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

21. I hereby certify that I attended the deceased from 12-18-42
12-25 1942, to 19 42
that I last saw him alive on 12-24- 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Phlebotomy Duration 9 1/2

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

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

7. Birth date of deceased Sept. 27, 1855
(Month) (Day) (Year)

8. AGE: Years 87 Months 20 Days 28 If less than one day
hr. min.

Due to Senile Degeneration

Due to 111

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Retired Homemaker

11. Industry or business None

12. Name Unknown

13. Birthplace Rockwood Mo. 9
(State or foreign country)

14. Maiden name Unknown

15. Birthplace Fred Taliaferro 9
(City, town, or county) (State or foreign country)

16. (a) Informant 1124 Benton

(b) Address 1124 Benton

17. (a) Removal (b) Date thereof Dec. 27, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Otterville, Mo.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) Dec 27 1942 (b) M. Brown
(Date received local registrar) (Registrar's signature)

Major findings: Of operations

Of autopsy

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? _____

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

23. Signature R B Parrett (M. D. or other) _____
Address 2200 1/2 E - 15th Date signed _____

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

MOTHER FATHER

2200 E. 15th

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 A. D. Blackman

Licensed Embalmer No. 3639

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.