No. 2
—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5539

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1011

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9-18-42-2-8-43 (Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 523 Grand
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GEORGE TAYLOR
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race 2 Negro
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 9 (Day) 1871 (Year)

8. AGE: Years 71 Months 2 Days ~~30~~ 29 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Illinois (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER
12. Name William Taylor
13. Birthplace (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Harriett Adline
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Record Clerk
(b) Address General Hospital No. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation Leeds
18. (a) Signature of funeral director Wm A Johnson
(b) Address Aly Mortician
19. (a) 2-26-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8
year 1943 hour 12:20 minute a. M.
21. I hereby certify that I attended the deceased from September 18, 1942 to February 8, 1943
that I last saw him alive on February 8, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Arteriosclerotic nephritis	
Due to 131a	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? Means of injury
23. Signature G. A. Stewart (M. D. ~~or other~~)
Address Gen. Hosp. #2-600 E. 22 Date signed 2-10-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.