V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37533

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4658

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. Luke's Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 7-30-43 (Specify whether In this community all her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City, 5 (If outside city or town limits, write "RURAL") 6

(d) Street No. 629 West 58th Street, (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country x 0

3. (a) PRINT FULL NAME Mrs. Edna F. Taylor

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Woodford C. Taylor

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased September (Month) 9 (Day) 1884 (Year)

8. AGE: Years 59 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife,

11. Industry or business x

FATHER
12. Name Richard H. Field,
13. Birthplace Georgia (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Annie Elizabeth Camp
15. Birthplace Georgia (City, town, or county) 1 (State or foreign country)

16. (a) Informant Woodford C. Taylor,

(b) Address 629 W. 58th St., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure Und. Co.

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-2-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st year 1943 hour minute a. M.

21. I hereby certify that I attended the deceased from Pathologist, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Erosion of large vessel in left side of neck = hemmorrhage.	2 min
Due to: Carcinoma near lower pole of left tonsil = spread to left side of neck	2 yrs.
Other conditions (Include pregnancy within 3 months of death)	45

Major findings: Of operations Carcinoma of left side of pharynx.

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)

(e) While at work? (f) Means of injury

23. Signature John H. Gaskins M.D. (M. D. or other)

Address 1312 Prof. Bldg. KC Mo. Date signed 11-4-43

(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.