S. No. 2
DM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37534

FILED NOV 19 1943

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4698

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~~ 20 MINUTES (Specify whether
In this community 40 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. 3252 OAK STREET
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)

If yes, name country CANADA

3. (a) PRINT FULL NAME MRS. MARY LAURETTA TAYLOR

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband ~~or wife~~ MR. JESS P. TAYLOR

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

7. Birth date of deceased SEPTEMBER 26 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	1	8	hr. min.

9. Birthplace NEW BARNABYS CANADA 2
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ------

FATHER
12. Name JAMES P. MEEHAN
13. Birthplace UNKNOWN CANADA 2
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY McMURRAY
15. Birthplace UNKNOWN CANADA 2
(City, town, or county) (State or foreign country)

16. (a) Informant MR. JESS P. TAYLOR

(b) Address 3 K. C. Mo.

17. (a) BURIAL (b) Date thereof NOV. 6 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ MT. WASHINGTON CEM.

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-5-43 (b) P. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 4TH
year 1943 hour 5 minute 35 P. M.

21. I hereby certify that I attended the deceased from November 4, 1943, to November 4, 1943, that I last saw her alive on November 4, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to ✓	
Due to ✓ 9 4a	
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? (e) Means of injury

23. Signature Harold A. Pallett (M. D. or other) M.D.

Address 1132 Prof. Bldg. K.C. Mo. Date signed 11/5/43

361

(Licensed Embalmer's Statement on Reverse Side)

1132 Professional Bldg
1.5

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 Emile 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.