

FILED DEC 22 1943

149

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:
Trinity Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
(Specify whether
In this community 10 days
years, months or days)

3. (a) PRINT FULL NAME Jessie Lenore 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 Married

6. (b) Name of husband or wife O. S. Taylor 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Feb 2nd 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Clinton Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

MOTHER FATHER

11. Industry or business

12. Name William C. Wallace

13. Birthplace N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Jane Irwin

15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant W. W. Taylor
(b) Address 3355 Indiana

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

(c) Place: burial or cremation Clinton Mo.

18. (a) Signature of funeral director Mrs. C.L. Forsters

(b) Address 918 Brooklin

19. (a) 12-6-43 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

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. 2025 Benton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec. 4th day 1943
year hour minute M.

21. I hereby certify that I attended the deceased from Nov 26 1943 to Dec 4 1943
that I last saw her alive on Dec 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis Duration 9 days

Due to Cause unknown - Culture
Due to from spinal fluid being
small but not completed

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy no

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) (e) Means of injury

23. Signature J. P. Farnsworth (M. D. or other) Address 1730 Prof Bldg K.S.M.O. Date signed 12-6-43

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

J. J. Farnsworth
Secretary
8 A.M.
Thursday

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 Ralph W. Rinnell

Licensed Embalmer No. 3860

P. O. Address Kansas 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan
Registrar's No. 5145

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kennett city
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

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

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

In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jessie L. Taylor

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 2
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 2 (less than one day) min.

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

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 19 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 9 19 ;
that I saw him alive on 19 ;
and that death occurred on the date and hour stated above
Immediate cause of death encephalitis Cause unknown

Pressure Comm.
Cultures of spinal fluid
Due to were negative
not epidemic.
Due to Cause not known
Other conditions Have Mild case of Influenza
(Include pregnancy within 3 months of death)
at first.

PHYSICIAN GO R
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) (e) Means of injury

23. Signature J. J. Frankfort (M. D. or other)
Address 220 Prof. Bldg. Date signed 1-7-44

SUPPLEMENTARY

S-41320