

No. 2
5-43
17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1774
599
Registrar's No.

Registration District No. 149 Primary Registration District No. 1007

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas
(c) Name of hospital or institution: K. C. General Hospital No. 10
(d) Length of stay: In hospital or institution 18 days
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 210 Brooklyn
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: W. Castello Taft
(b) If veteran, name war No (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 28
year 1944 hour 4 minute 30 A. M.

4. Sex Ma 5. Color or Race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minerva Etta Taft
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased December 12 1866

21. I hereby certify that I attended the deceased from January 10 1944 to January 28 1944
that I last saw him alive on January 28 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 1 16 hr. min.

Immediate cause of death Bronchiectasis-Bronchopneumonia

9. Birthplace Ne Westville Pa.
10. Usual occupation Retired R.R. Bridge Builder

Due to
Due to
Other conditions

MOTHER FATHER
11. Industry or business Laban Taft
12. Name
13. Birthplace N.Y.
14. Maiden name Oretta Casement
15. Birthplace N.Y.

Major findings: Of operations
Of autopsy See above

16. (a) Informant Mrs. Minarva Etta Taft
(b) Address 913 Forest
17. (a) Burial (b) Date thereof 1-31-44
(c) Place: burial or cremation Green Lawn

PHYSICIAN
Underline the cause to which death should be charged statistically.
109

18. (a) Signature of funeral director J.M. Wagner
(b) Address Kansas City, Mo.
19. (a) 1-31-44 (b) T.C. Brown

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature U.E. Upstater (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 1-28-44

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.....

Cecil R. Matthes

Licensed Embalmer No.....

3807

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.