

U. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

6359
793

State File No. _____
Registrar's No. _____

FILED MAR 6 1944
Registration District No. _____

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

(c) Name of hospital or institution:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-7-44-2-8-44
(Specify whether _____)

In this community 31 years
(years, months or days)

3. (a) PRINT FULL NAME MAITIE TAYLOR

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race 3 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 February 14 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57	11	29	25	hr. min.
----	----	----	----	----------

9. Birthplace Shelbina No. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Wyatt Davis

13. Birthplace _____ No. 2
(City, town, or county) (State or foreign country)

14. Maiden name WREN

15. Birthplace _____ No. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 2-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director E. Sterling Billa

(b) Address 1212 Vine St., K. C. Mo.

19. (a) 2-17-44 (b) N. C. 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. 1407 Lydia
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8
year 1944 hour 11:10 minute A. M.

21. I hereby certify that I attended the deceased from February 7
1944 to February 8, 1944;
that I last saw her alive on February 8, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to _____

Due to _____

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 N. C. Brown (M. D. or other) _____
Address 1212 Vine St. No. 72 608622nd Date signed 2/11/44

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

E. Sterling Bell

Licensed Embalmer No.

3178

P. O. Address

1212

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.