

FILED NOV 14 1944

Primary Registration District No. 1002

Registrar's No. 4425

1. PLACE OF DEATH: Jackson

(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: 1512 Park  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community 33 yrs.  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State <sup>Mo</sup> Mo (b) County Jackson 42

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

(d) Street No. 1512 Park  
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George M. Taylor

3. (b) If veteran, name war MO

3. (c) Social Security No. Unknown

4. Sex M. J. 5. Color or race Col

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

6. (b) Name of husband or wife Manie Taylor

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: Aug. 15 1880  
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 14 hr. min.

If less than one day

9. Birthplace Varner Ark. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business Dunlap Laundry

MOTHER FATHER { 12. Name Dudley Taylor

{ 13. Birthplace Unk 01  
(City, town, or county) (State or foreign country)

{ 14. Maiden name " " 01

{ 15. Birthplace Manie Taylor 01  
(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address 1512 Park

17. (a) Burial (b) Date thereof 11-2-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director: Watkins Bros Wash

(b) Address 1729 8th

19. (a) 11-2-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 29 day Oct. 29  
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from July 20, 1944, to Oct 29, 1944  
that I last saw him alive on 10/29, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of liver July 20 1944  
Toxemia

Due to: Toxemia

Due to: ylf

Other conditions (Include pregnancy within 3 months of death)

Major findings: no

Of operations: none

Of autopsy: none

Duration

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 L. M. Fullman (M. D. or other) M.D.

Address 1618 8th Date signed 10/31/44

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

0592

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**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.**