

1. PLACE OF DEATH:
 (a) County Clay
 (b) City or town 1035 E 23rd
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home 1 Noxc mo
(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 10 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Clay
 (c) City or town North Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1035 E 23rd
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH TAYLOR
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Feb, day 21, year 1945, hour 1:30 minute _____ M.
 21. I hereby certify that I attended the deceased from 1-30-45 death, 19____, to _____, 19____; that I last saw her alive on 2-21-45, 19____; and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race WCA 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife John M. Taylor 6. (c) Age of husband or wife if alive 47 years
 Birth date of deceased Oct 2 1898
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration 10-12yrs
 Due to Hyper tension
 Due to Myocardial Infarction
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy 97

8. AGE: Years 46 Months 4 Days 18 If less than one day _____ hr. _____ min.
9. Birthplace Wood Co Texas
(City, town, or county) (State or foreign country)
10. Usual occupation H W

11. Industry or business _____
12. Name W A Wilkins
13. Birthplace Texas
(City, town, or county) (State or foreign country)
14. Maiden name Larrah Twelle
15. Birthplace Texas
(City, town, or county) (State or foreign country)

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

16. (a) Informant John M. Taylor
(b) Address 1035 E 23rd
17. (a) Burial Memorial Park N.C. Mo (b) Date thereof 2 23 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director Morton Fung
(b) Address no 1 Kansas City, Mo
19. (a) Feb 23 - 1945 (b) Quinn N Henry
(Date received local registrar) (Registrar's signature)

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 R. H. Dunham (M. D. or other) _____
Address North Kansas City, Mo **Date signed** 2/23/45

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

RECEIVED

Medical Health Officer No. 8,

Case File Number.....

Date Filed.....

2-26-45

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.....

John S. Norton

Licensed Embalmer No. 4349

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.