

JUL 11 1945

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
326 Foley Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

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

(d) Street No. 326 Foley Street /
(If rural, give location)

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

3. (a) PRINT FULL NAME CORA ELIZABETH TAYLOR

3. (b) If veteran, name war ##

3. (c) Social Security No. ##

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1945 hour 10:40 minute 8 M.

4. Sex Female / 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 77 years
16 Dec 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 25, 1945, to June 3, 1945; that I last saw her alive on June 2, 1945; and that death occurred on the date and hour stated above.

8. AGE: Years 67, Months 5, Days 17
If less than one day hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage
Fatty degeneration

9. Birthplace Ray Co. Missouri
(City, town, or county) (State or foreign country)

Due to Essential Hypertension

Due to Hypothyroidism
Obesity

10. Usual occupation House Wife

11. Industry or business #####

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 830

Of autopsy _____

MOTHER FATHER { 12. Name Lawson Sisk

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

14. Maiden name Sichy Clevenger

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr Walter Taylor

(b) Address Excelsior Springs Missouri

17. (a) Burial (b) Date thereof 6-7-45
(Month) (Day) (Year)

(c) Place: burial or cremation Lawson Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Signature of funeral director Herbert Hoop

(b) Address Excelsior Springs Missouri

19. (a) 6-7-45 W. S. Sade Pedman
(Date received local registrar) (Registrar's signature)

(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 ①

23. Signature Oliver D. Bunker (M. D. or other)
Address Lawson Missouri Date signed June 7, 1945

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

7/9/45

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 _____

James A. Moles

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs 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.