S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 29 1945

State File No. 32931

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4310

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:
3256 Lockridge Kansas City Mo. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3256 Lockridge 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Eddie J. TAYLOR

3. (b) If veteran, name war No.

3. (c) Social Security No. 486-05-2753

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ethel A. Taylor

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased August (Month) 12 th (Day), 1904 (Year)

8. AGE: Years 41 Months 2 Days 6 If less than one day hr. min.

9. Birthplace Orrick (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Upholster

11. Industry or business Ford Motor Co.

FATHER
12. Name James C. Taylor
13. Birthplace Sharon (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Dora Lee Dumbar
15. Birthplace Orrick (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Ethel A. Taylor
(b) Address 3256 Lockridge, K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Orrick, Mo.

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 10-19-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 th year 1945 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from CORONER, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound Chest

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 164C

Major findings:
Of operations

Of autopsy no History & Inspection

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) Suicide

(b) Date of occurrence 10-18-45

(c) Where did injury occur? 3256 Lockridge K.C. (City or town) Jackson (County) Mo (State)

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

While at work? no (e) Means of injury Pistol-32

23. Signature James C Walker (M. D. or other) Coroner

Address 1424 Pr Bldg Date signed 10-18-45

(Licensed Embalmer's Statement on Reverse Side)

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 Russell N. Frame

Licensed Embalmer No. 4255

P. O. Address K.C. 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.