

Registration District No. 149 Primary Registration District No. 1001

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 3 mos. 2 days
(Specify whether
 In this community 15 yrs.
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. 2420 Tracy **8**
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Anthony Taylor
 3. (b) If veteran, name war no
 3. (c) Social Security No. 195-01-4118

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 1, year 1946 hour 8: minute 10 A.M.
 21. I hereby certify that I attended the deceased from March 29, 1946 to July 1, 1946;
 that I last saw him alive on July 1, 1946;
 and that death occurred on the date and hour stated above.

4. Sex Male **2** 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Theresa Taylor
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased December 15, 1874
(Month) (Day) (Year)

Immediate cause of death Hypertensive Heart with Decompensation
 Duration _____

8. AGE: Years Months Days If less than one day
71 6 16 _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Berwick Louisiana
(City, town, or county) (State or foreign country)
 10. Usual occupation None

Major findings: 93d
 Of operations _____
 Of autopsy _____
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
 12. Name George Taylor
 13. Birthplace Unknown Louisiana
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Johnson
 15. Birthplace Glenwood La
(City, town, or county) (State or foreign country)

16. (a) Informant Son: John Taylor
 (b) Address 2600 Highland
 17. (a) Removal (b) Date thereof 7-2-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Berwick La

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? _____

18. (a) Signature of funeral director W. H. Appleton, Jr.
 (b) Address St. Mary's
 19. (a) 7-2-46 (b) M. H. Holme
(Date received local registrar) (Registrar's signature)

While at work _____
 (Specify type of place) (c) Means of injury _____
 23. Signature W. H. Appleton, Jr. (M. D. or other) _____
 Address General Hospital No. 2 Date signed 7/1/46

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

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

C. H. West

Licensed Embalmer No. *2710*

P. O. Address *K. E. M. O.*

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.