S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

22699

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23844

FILED AUG 19 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3275

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:
3800 CENTRAL STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 17 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. 3800 CENTRAL STREET 8
(If rural, give location)

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

If yes, name country ----

3. (a) PRINT FULL NAME MR LESLIE MILES TAYLOR

3. (b) If veteran, name war No

3. (c) Social Security No. 487-03-3405

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. GLADYS McCOY TAYLOR

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased MARCH (Month) 1 (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	4	24	..... hr. ..... min.

9. Birthplace DENVER (City, town, or county) COLORADO (State or foreign country)

10. Usual occupation CHIEF CLERK - TAX DEPARTMENT

11. Industry or business SINCLAIR REFINING COMPANY

FATHER
12. Name CHARLES M. TAYLOR
13. Birthplace UNKNOWN (City, town, or county) PENNSYLVANIA (State or foreign country)

MOTHER
14. Maiden name ARAMINTA McDOWELL
15. Birthplace UNKNOWN (City, town, or county) INDIANA (State or foreign country)

16. (a) Informant MRS. GLADYS McCOY TAYLOR
(b) Address 3800 CENTRAL STREET

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JULY-27-1946 (Month) (Day) (Year)
(c) Place: burial or cremation HARLAN, IOWA

18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 7-27-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 25TH year 1946 hour 2 minute P M.

21. I hereby certify that I attended the deceased from 11/2-8/45 July 25, 1946, to July 25, 1946 that I last saw him alive on July 25, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Mocardial failure

Due to Rheumatic fever, chronic valvulosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 92 C

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature H. Griffe (M. D. or other) MD

Address 101 X Argyle Date signed 7/26/46

(Licensed Embalmer's Statement on Reverse Side)

Argyle Bldg

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.