

No. 2
-12-45
-17-39
X47070

FILED 21 1946

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4294

1. PLACE OF DEATH: Jackson

(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: 2322 Prospect /
(If not in hospital or institution, write street number or location)

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

In this community: 32 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 2322 Prospect
(If rural, give location)

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

If yes, name country: _____

3. (a) PRINT FULL NAME: MRS. MILDRED CONGER TAINTOR

3. (b) If veteran, name war: XX

3. (c) Social Security No.: None

4. Sex: Fe / 5. Color or race: Wh

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

6. (b) Name of husband or wife: Ralph N. Taintor

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: February 19 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77	7	22	
----	---	----	--

9. Birthplace: Newark N.J.
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: No Record

12. Name: Clinton

13. Birthplace: Clinton N.J.
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Wilson

15. Birthplace: Clinton N.J.
(City, town, or county) (State or foreign country)

16. (a) Informant: Ralph N. Taintor

(b) Address: 2322 Prospect

17. (a) Burial (b) Date thereof: 10-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: J. M. Wagner

(b) Address: Kansas City, Mo.

19. (a) 10-11-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11 year 1946 hour 2: minute P. M.

21. I hereby certify that I attended the deceased from May 10 to 11 May, 1946 and that death occurred on the date and hour stated above.

that I last saw h. er alive on May 11, 1946.

Immediate cause of death: Patient had fracture of hip + leg bones
cut from injury. I made out one call.

Due to: _____

Due to: _____

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

Major findings: 153
Of operations: _____

Of autopsy: _____

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: E. J. ... (M.D. or other) MD

Address: Prof. Ball Date signed: 10/11

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

144 2322

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 Cecil R. Matthes
Licensed Embalmer No. 3807
P. O. Address. Kansas city, 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.