

FILED NOV 12 1946

State File No.

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 4607

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: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Days (Specify whether)  
In this community 20 Years  
years, months or days)

3. (a) PRINT FULL NAME CHARLES MILTON TAYLOR

3. (b) If veteran, name war No  
3. (c) Social Security No. 703-03-2139

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alma A. Taylor  
6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased February 7th. 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 8 24 hr. min.

9. Birthplace Pleasant Green Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman Locomotive

11. Industry or business Missouri Pacific Railroad

12. Name Alfred Taylor

13. Birthplace Pleasant Green Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Woolrey

15. Birthplace New Lebanon Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma A. Taylor

(b) Address 812 Tracy Avenue

17. (a) Removal (b) Date thereof 11-1-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Lebanon, Missouri

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd. St. Kansas City, Mo.

19. (a) 11-1-46 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 812 Tracy Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st.  
year 1946 hour 11:05 minute A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the day and hour stated above

Immediate cause of death Deputy Coroner

Circulatory Failure

Due to Multiple Fracture

Due to of Ribs

Other conditions 1700  
(Include pregnancy within 3 months of death)

Major findings: Car hit an abutment

Of operations See Above.

Of autopsy See Above.

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

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

(b) Date of occurrence 10-29-46

(c) Where did injury occur? Kansas City  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? No (Specify type of place) (Means of injury) Trauma

Signature A.E. Upsher (M. D. or other)

Address 2800 Main Date 11/1/46

**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.....

*Elmer C. Wedelmeier*

Licensed Embalmer No.....

*3495*

P. O. Address.....

*N. 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.**