S. No. 2
M—2-43
. 5-17-39
I X35697

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

39686

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40873

FILED DEC 24 1946

Registration District No. 1 1 4

Primary Registration District No. 1002

Registrar's No. 5210

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1325 Euclid
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JACKSON

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

(d) Street No. 1325 Euclid
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME ALICE M. TAYLOR

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FE 3

5. Color or race NEGRO

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased OCT. 16 1884
(Month) (Day) (Year)

8. AGE: Years 62 ~~65~~ Months 1 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business .....

FATHER
12. Name GEORGE CARPENTER
13. Birthplace ARK
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name AMIE CLARK
15. Birthplace ARK
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Taylor
(b) Address 1325 Euclid Ave KC Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-46
(Month) (Day) (Year)
(c) Place: burial or cremation Westlawn KCK

18. (a) Signature of funeral director Flynn & Greenstreet
(b) Address KC, Mo

19. (a) 12-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10th year 1946 hour 3:00 minute am M.

21. I hereby certify that I attended the deceased from May 10, 1946 to Dec 10, 1946 that I last saw her alive on Dec 8, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	3 Mos.
Due to Chronic Nephritis	1+ Yr.
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypertension c̄ Cardiac Decompensation	1+ Yr. 2 Wks

Major findings:
Of operations None
Of autopsy None

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) Not

(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 [signature] (M. D. or other)

Address [illegible] Date signed Dec 11 1946

(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 Laurene A. Jones

Licensed Embalmer No. 4439

P. O. Address 2500 Park K.C.

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.