No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9606

FILED MAR 24 1947

Registration District No. 747 Primary Registration District No. 5569 Registrar's No. 248

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution:
55TH & LEWIS ROAD R.R. #3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- / In this community 25 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State MISSOURI (b) County JACKSON

(c) City or town RURAL / KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. #3, 55TH & LEWIS ROAD
(If rural, give location)

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

If yes, name country -----

3. (a) PRINT FULL NAME LORRIE TAYLOR

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

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

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

7. Birth date of deceased JUNE (Month) 9 (Day) 1898 (Year)

8. AGE: Years 48 Months 7 Days 13 If less than one day ____ hr. ____ min.

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

10. Usual occupation POULTRY & EGGS. RETIRED 1 YEAR

11. Industry or business SELF.

FATHER
12. Name FRANK TAYLOR.
13. Birthplace GREEN CO. ARKANSAS (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MYRTLE PITTS.
15. Birthplace IZARD CO. ARKANSAS (City, town, or county) (State or foreign country)

16. (a) Informant MRS. MYRTLE TAYLOR
(b) Address R.R. #3, 55TH & LEWIS RD. K.C. MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 25. 1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ GREENLAWN, K.C. MO.

18. (a) Signature of funeral director O.F. Quesenberry Sons
(b) Address KANSAS CITY MISSOURI

19. (a) 1/24/47 (Date received local registrar) (b) Mildred Garvin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 22ND year 1947 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 6-24-46, 19..., to 1-22, 1947; that I last saw him alive on 1-22, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary infarction	5 min
Myocardial failure	1 yr.
Due to Hypertension	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) Pulmonary edema	6 mo.

Major findings:
Of operations
Of autopsy

94A

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury 0

23. Signature D.M. Eubank M.D. (M.D. or other)
Address Raytown, Mo Date signed 1-24-47

131 (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 Bernard L. Doran

Licensed Embalmer No. 4250

P. O. Address KC 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.