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 5-17-39
 P1 X47070

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED MAY 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13698**
1928
 Registrar's No. _____

Registration District No. **149** Primary Registration District No. **1002**

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

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:
818 Euclid Avenue /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community unknown
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. 818 Euclid Avenue **8**
(If rural, give location)
 (e) Citizen of foreign country? No **0**
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Maggie Taylor
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 26th
 year 1947 hour _____ minute _____ M.

4. Sex Female 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Jeff Taylor
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 9, 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2 Oct 5 1945 to April 26 1947
 that I last saw her alive on April 26 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
86 8 17 hr. _____ min.

Immediate cause of death _____
Acute Dilatation of Heart
Paralysis agitans (post-encephalitic)
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Picks

13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Sadie Taylor

(b) Address 818 Euclid

17. (a) Burial (b) Date thereof 4/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Walter Jones

(b) Address 1729 Lydia Avenue

19. (a) 4-29-47 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings of _____
 Of operations 37b
 Of autopsy _____
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? _____

While at work? _____
(Specify type of place) (e) Means of injury 0

23. Signature L. Richardson (M. D. or other)

Address 1801. Nine Date signed 4-28-47

Dr. Richardson

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.....

J. Manlove
3994

Licensed Embalmer No.....

P. O. Address.....
2003 Highways

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.