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DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED MAY 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17649
2288
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
(c) Name of hospital or institution: 15th & Paseo N.W. loc. 1
(d) Length of stay: In Hospital or institution. 24 yrs
In this community 24 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1324 Pine St.
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME GEORGE A TAYLOR
(b) If veteran, name war World War II
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 19 year 1947 hour 2 minute 30-P.M.

4. Sex male 5. Color or race Negro
6. (b) Name of husband or wife Ora Taylor
6. (c) Age of husband or wife if alive about 57 years
7. Birth date of deceased Aug 12 about 1890 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
About 57 hr. min.

Immediate cause of death: Cardiac Failure
Due to: Hypertensive Heart Disease

9. Birthplace Springfield MO
10. Usual occupation Porter

Other conditions: (Include pregnancy within 3 months of death) 93 d

11. Industry or business
12. Name Anderson Cunningham
13. Birthplace Ark
14. Maiden name Mahala Bank
15. Birthplace Fayetteville Ark

Major findings: Of operations: Of autopsy: no permit

16. (a) Informant Mrs. Nellie Lowery
(b) Address 2416 E 22nd St.
17. (a) Burial (b) Date thereof 5/26/47
(c) Place: burial or cremation St. Lawrence W. Cem.

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?

18. (a) Signature of funeral director G. Sterling Gilla
(b) Address 1212 Pine St. C.M.O.
19. (a) 5-24-47 (b) Geraldine Holmes (Registrar's signature)

23. Signature H. Williams (M. D. or other) Deputy Coroner
Address 62634 - Brooklyn Date signed 5-24-47

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 E. Sterling Bells

Licensed Embalmer No. 23178

P. O. Address. 1212 Vine K.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.