

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

FILED AUG 7 1947

Registration District No. 149

Primary Registration District No. 1002

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 4 Years (Specify whether
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. 933 Paseo 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. LILLIE F. TAYLOR

3. (b) If veteran, name war No

3. (c) Social Security No. 497-28-6387

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Merlin M. Taylor

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

7. Birth date of deceased August 10th, 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>11</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Cook

11. Industry or business _____

12. Name Joseph Freeman

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Nation

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

16. (a) Informant Mr. Freeman Stringer

(b) Address 2944 Bales Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7 - 21 - 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Trenton, Missouri

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

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

19. (a) 7-21-47 (Date received local registrar) (b) Heraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1947 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 18, 1947, to July 21, 1947;
that I last saw her alive on July 21, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 830

Major findings:
1. Of operations _____

Of autopsy See above

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) (c) Manner of injury md

23. Signature Wm W. Hart (M. D. or other) md
Address Med. Dir. Gen'l Hosp. Date signed 7-21-47

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

MOTHER, FATHER

Dr. Kellin

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. P. Freeman*.....

Licensed Embalmer No. *2939*.....

P. O. Address..... *S. O. 240*.....

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.