No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31478
Registrar's No. 4059

FILED OCT 4 1947
Registration District No. 1479

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. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS (Specify whether
In this community 35 YRS.
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. 2128 FOREST 8
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HAROLD TAYLOR
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex MALE 2
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced WIDOWED 2
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY (Month) 21, (Day) 1880 (Year)

8. AGE: Years 67 | Months 2 | Days 0 | If less than one day hr. min.

9. Birthplace PRINCE GEORGE (City, town, or county) VIRGINIA (State or foreign country) 1
10. Usual occupation Pullman Porter
11. Industry or business
FATHER
12. Name HAL TAYLOR
13. Birthplace (City, town, or county) VIRGINIA (State or foreign country) 1
MOTHER
14. Maiden name ANN LUCAS
15. Birthplace SUSSEX (City, town, or county) VIRGINIA (State or foreign country) 1
16. (a) Informant JOSEPH TAYLOR (SON)
(b) Address 2128 FOREST
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery, A.C. Mo.
18. (a) Signature of funeral director Fannie L. Meek
(b) Address 1708 E. 18th St., A.C., Mo.
19. (a) 9-24-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 23, year 1947 hour 4: minute 40 A. M.
21. I hereby certify that I attended the deceased from SEPTEMBER 21, 1947, to SEPTEMBER 23, 1947; that I last saw him alive on SEPTEMBER 23, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death UREMIA	
Due to CHRONIC NEPHROSCLEROSIS	
Due to HYPERTENSIVE TYPE OF HEART DISEASE	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131a
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work (e) Means of injury 0
23. Signature [signature] (M. D. or other) M.D.
Address GENERAL HOSPITAL NO. 2 Date signed 9/23/47

Jefferson City Printing Co.

(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 Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas City 8, 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.