Y. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1947

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38462

Registrar's No. 5072

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 4 DAYS (Specify whether years, months or days)
In this community 31 YRS.

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. 1814 BROOKLYN 8
(If rural, give location)

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

3. (a) PRINT FULL NAME JOSEPH TAYLOR

3. (b) If veteran, name war No

3. (c) Social Security No. 524-05-9126

4. Sex MALE 2

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife DOROTHY TAYLOR

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased OCTOBER (Month) 12, (Day) 1886 (Year)

8. AGE: Years 61 | Months 1 | Days 19 | If less than one day ___ hr. ___ min.

9. Birthplace NEW ORLEANS (City, town, or county) LOUISIANA (State or foreign country) 1

10. Usual occupation NIGHT WATCHMAN

11. Industry or business

FATHER
12. Name PHILLIP TAYLOR 6
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country) 7

MOTHER
14. Maiden name ELIZABETH
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country) 9

16. (a) Informant DOROTHY TAYLOR (WIFE)
(b) Address 1814 BROOKLYN

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Kathryne Ryan
(b) Address 1729 Lydia Ave

19. (a) 12-2-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 1, year 1947 hour 6: minute 01 A.M.

21. I hereby certify that I attended the deceased from NOVEMBER 28, 1947 to DECEMBER 1, 1947 that I last saw him alive on DECEMBER 1, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death LOBAR TYPE PNEUMONIA (LEFT) — Duration
HYPERTROPHY AND DILITATION HEART
HYPERTENSION (CLINICAL)
UREMIA (CLINICAL)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy SAME AS 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) (e) Means of injury

23. Signature [illegible] (M. D. or other) M.D.
Address GENERAL HOSPITAL NO. 2 Date signed 12/1/47

(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 L. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.