

S. No. 2  
M-1/47  
5-17-39

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9010

State File No. ....

Registrar's No. 83

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

FILED APR 1 1948  
Registration District No. 19486

Primary Registration District No. 5568

48  
0

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Rural-Blue  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Residence, 1504 Vincil  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. 1504 Vincil 0  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME MR. OSCAR THOMAS TAYLOR

3. (b) If veteran, name war..... none

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4  
year 1948 hour 4:30 minute A M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Flora May Taylor

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec. 17, 1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 2, 1948 to Mar. 4, 1948  
that I last saw him alive on Feb. 28, 1948  
and that death occurred on the date and hour stated above.

Duration

8. AGE: Years Months Days If less than one day

55 2 17 hr. min.

Immediate cause of death.....  
Calcereous Aortic Stenosis ?

Due to.....

9. Birthplace Johnson County, Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

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

Due to.....

11. Industry or business.....

12. Name Reuben T. Taylor

13. Birthplace unknown, Ky. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Coings

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

Major findings: 92A

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant Mr. O. T. Taylor

(b) Address 1504 Vincil, K. C. Mo.

17. (a) Burial (b) Date thereof 3-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cem.

18. (a) Signature of funeral director Geo. G. Larson

(b) Address Independence, Mo.

19. (a) 3/4/48 (b) Chas. F. Grabske  
(Date received local registrar) (Registrar's Signature)

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?..... (c) Means of injury.....

23. Signature Chas. F. Grabske, M.D. (M. D. or other)

Address 129 West Lexington St. Date signed 3/5/48

APR 2 1943

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.....

*Donald W. Hanks*

Registered Apprentice No. *425*

working under my personal supervision.

Signed *R. D. Lisle*

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.