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

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

Registration District No. 49

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12918

Registrar's No. 1731

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: 1025 E 8th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: About 10 years

2. USUAL RESIDENCE OF DEACEASED:
(a) State: Mo (b) County: Jackson 48
(c) City or town: Kansas City Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 1052 5th St 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Allen Taylor
3. (b) If veteran, name war: None
3. (c) Social Security No.: 487-05-5604
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: 1882 (Month) (Day) (Year)
8. AGE: Years 65 | Months | Days | If less than one day ..... hr. ..... min.
9. Birthplace: Tenn (City, town, or county) (State or foreign country)
10. Usual occupation: Clerk
11. Industry or business
MOTHER FATHER
12. Name: Do not / know
13. Birthplace: (City, town, or county) (State or foreign country)
14. Maiden name: know
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Helen Badame
(b) Address: 7127 Jefferson ave KCMo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: April 21-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Calvary KCK
18. (a) Signature of funeral director: Tarantino Bros
(b) Address: KC Mo
19. (a) 4-20-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 17 year 1948 hour 2 minute 05 A.M.
21. I hereby certify that I attended the deceased from Chronic 19..... to ..... 19.....; that I last saw him alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary sclerosis	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 93 D	
Major findings: Of operations:	
Of autopsy: no	
Autopsy & Surgical	

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 3
23. Signature: Gaines Walker (M. D. or other) Coroner
Address: 1414 Wyandotte Date signed 4-17-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 21 1948

MAY 18 1948

Due 29

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 Gerald B. Passantino, Registered Apprentice No. 62, working under my personal supervision.

Signed F. S. Walton

Licensed Embalmer No. 2744

P. O. Address 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.