

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8639**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 809

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. -If institution: residence before admission). a. STATE <b>MISSOURI</b>		b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>30 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>		d. STREET ADDRESS (If rural, give location) <b>724 Charlotte Street</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b>			b. (Middle)			c. (Last) <b>TAYLOR</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEBRUARY 17 1949</b>		
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5. SEX <b>FEMALE 3</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>SEPTEMBER 5, 1879</b>		9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months   Days		IF UNDER 24 HRS. Hours   Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>CASSVILLE, MISSOURI</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
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13a. FATHER'S NAME <b>(NOT KNOWN) OLIVER</b>			13b. MOTHER'S MAIDEN NAME <b>MARGARET</b>			14. NAME OF HUSBAND OR WIFE <b>WILLIAM A. TAYLOR</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>HUS: WILLIAM A TAYLOR 724 Charlotte</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>(a) SUPPURATIVE (NON EPIDEMIC TYPE) MENINGITIS</b> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from 2/15/1949, to 2/17/1949, that I last saw the deceased alive on 2/17, 1949, and that death occurred at 9:45A m., from the causes and on the date stated above.

23a. SIGNATURE OF Frank Ellis (Degree or title)			23b. ADDRESS <b>600 East 22nd Street</b>			23c. DATE SIGNED <b>2/17/49</b>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>usual</b>		24b. DATE <b>2-21-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland</b>		24d. LOCATION (City, town, or county) (State) <b>K.C. Mo.</b>			
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DATE REC'D BY LOCAL REG. <b>2-21-49</b>		REGISTRAR'S SIGNATURE <b>S. Geraldine Holmes</b>			FUNERAL DIRECTOR'S SIGNATURE <b>Graham Bros.</b>			ADDRESS <b>2304 Vine</b>		
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*B. L. Graham*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

2540  
2304 Hill

**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.