

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43806

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5382

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) Since 1927		d. STREET ADDRESS (If rural, give location) 3830 Bales	
d. FULL NAME OF HOSPITAL OR INSTITUTION In front of Plaza Theater			

3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) Scott		c. (Last) TAYLOR		4. DATE OF DEATH (Month) (Day) (Year) December 16, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-19-89	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Manager		10b. KIND OF BUSINESS OR INDUSTRY Ass. Grocers Inc.		11. BIRTHPLACE (State or foreign country) Keytesville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME James F. Taylor		13b. MOTHER'S MAIDEN NAME Missouri Beckett		14. NAME OF HUSBAND OR WIFE Nell M. Taylor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW-1		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nell Taylor, 3830 Bales, Kansas City,	
(If yes, give war or dates of service)		(If yes, give war or dates of service)		ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac of Respiratory failure		(b) Myocardial Degeneration			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS			
ANTECEDENT CAUSES		DUE TO (b) Coronary arteriosclerosis			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Dilation of lungs			
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb, 1947, to 1-16, 1949, that I last saw the deceased alive on 12-14, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE A. A. Antry (Degree or title)		23b. ADDRESS 2390 1/2 Indiana		23c. DATE SIGNED 1/17/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-19-49		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
				24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	

DATE REC'D BY LOCAL REG. 12-19-49		REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eyler ADDRESS Kansas City, Mo.	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Dr. A. L. Antry

3901 $\frac{1}{2}$ Indiana

Wa. 7383

✓ till 6 P.M. SAT.

JAN 23 1950

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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.