

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23693
State File No. 2935

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

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) 48yrs.		d. STREET ADDRESS (If rural, give location) 2210 E. 13th. Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2210 E. 13th. Street		d. STREET ADDRESS 2210 E. 13th. Street	

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) (Lizzie) c. (Last) Taylor			4. DATE OF DEATH (Month) (Day) (Year) June 30, 1950		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 2, 1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Little Rock, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charlie Banks		13b. MOTHER'S MAIDEN NAME Eliza Sizas		14. NAME OF HUSBAND OR WIFE B.O. Taylor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS B. O. Taylor - 2210 E. 13th. St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post Renal Anemia		INTERVAL BETWEEN ONSET AND DEATH 181 h
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the Bladder		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 **7 Nov. 1949** to **30 June 1950**, that I last saw the deceased alive on **June 26 1950**, and that death occurred at **6:40pm.**, from the causes and on the date stated above.

23a. SIGNATURE Royall B. Fleming (Degree or title) Royall B. Fleming MD		23b. ADDRESS 1432 E. 19th St		23c. DATE SIGNED 7/3/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/3/50		24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE E. Steubus Hills		ADDRESS 1212 Vine	

DATE REC'D BY LOCAL REG. 7-3-50		REGISTRAR'S SIGNATURE Rosaline Holmes		25. FUNERAL DIRECTOR'S SIGNATURE E. Steubus Hills	
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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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

E. Sterling Bitt

Licensed Embalmer No. *93178*

P. O. Address *1212 Pine St*

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.