

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 4936
667

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			c. LENGTH OF STAY (In this place) <u>55 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>436 West 47th St.</u>				<u>3618</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ERNESTINE</u>	b. (Middle) <u>BOTTMER</u>	c. (Last) <u>TAYLOR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 9, 1951</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 21, 1875</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Charles Bottmer</u>			13b. MOTHER'S MAIDEN NAME <u>Charles Hess</u>			14. NAME OF HUSBAND OR WIFE <u>James E. Taylor, dec.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>K.C., M.O. ADDRESS</u> <u>Mr. Earl B. Taylor, Rt. #4, Briarcliff Add. No.</u>						
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)		<u>Lobar Pneumonia - Effusion of suppurative</u>				<u>3 wks</u>		
		ANTECEDENT CAUSES		DUE TO (b) _____						
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
				DUE TO (c) _____				<u>490A</u>		
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension, Arteriosclerosis, Diabetes Mellitus</u>				<u>10 yrs.</u>		
19a. DATE OF OPERATION <u>2-6</u>		19b. MAJOR FINDINGS OF OPERATION <u>Parenteral Prox - Sero-purulent fluid</u>						20. AUTOPSY? YES <input checked="" 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 <u>1935</u> , to <u>2-9</u> , 1951, that I last saw the deceased alive on <u>2-8</u> , 1951, and that death occurred at <u>6:00 A</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Frank B. Deitz</u>				(Degree or title) <u>MD MA</u>		23b. ADDRESS <u>1530 Prof. Bldg. Univ. of Mo.</u>		23c. DATE SIGNED <u>2-10-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/12/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>2-12-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE, Kansas City, Missouri</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Frank B. Lutz
Eng. P. O. 43.1331

Apr 11:30

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 _____

John S. Morton TD

working under my personal supervision.

Student Embalmer No. 350

Signed John S. Morton TD
Student Embalmer

Signed

Max E Meyer

Licensed Embalmer No. 4555

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.