

FILED MAR 3 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4937

Registrar's No. 700

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 700	
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) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>6 Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		0484	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. X.C.T.B. Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>1105 E. Stone</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Gilbert</u> c. (Last) <u>Taylor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 11 51</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>March 16 - 1920</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>25</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. W Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie L Settles</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Taylor</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jessie Taylor, N.C. Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>002h</u>	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>8-31</u> , 19 <u>50</u> , to <u>2-11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-10</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward P. Altomare</u> (Degree or title) <u>Edward P. Altomare M.D.</u>				23b. ADDRESS <u>K. C. T. B. Hosp.</u>		23c. DATE SIGNED <u></u>	
24a. BURIAL CREMATION/REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-13-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-14-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. B. Gusem Independence Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

3008

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.

Student Embalmer No.....

Signed.....

Tom D. Markland

Signed.....
Student Embalmer

Licensed Embalmer No..... *4592*

P. O. Address..... *Indep. 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.