

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23255**
Registrar's No. **3143**

FILED AUG 4 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 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): 30 yrs.		d. STREET ADDRESS (If rural, give location): 416 Vine Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION: GENERAL HOSPITAL #2			

3. NAME OF DECEASED (Type or Print) JOHN	a. (First)	b. (Middle)	c. (Last) TAYLOR	4. DATE OF DEATH (Month) (Day) (Year) JULY 17 1951
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUGUST 5 1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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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) ATLANTA, GEORGIA	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME MONROE TAYLOR	13b. MOTHER'S MAIDEN NAME SARAH Unknown	14. NAME OF HUSBAND OR WIFE Anna Taylor
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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) No	16. SOCIAL SECURITY NO. 497-14-2503	17. INFORMANT'S SIGNATURE OR NAME ELVESTER NASH	ADDRESS 1523 Brooklyn Avenue
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TERMINAL BRONCHO PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 42^h
	ANTECEDENT CAUSES DUE TO (b) PULMONARY HYPOSTASIS CEREBRAL VASCULAR ACCIDENT		
	DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC OSTEOARTHRITIS			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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?

22. I hereby certify that I attended the deceased from 7-10, 1951 to 7-17, 1951 that I last saw the deceased alive on 7-17, 1951, and that death occurred at 2:00P m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Williams	(Degree or title)	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 7-18-51
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/20/51	24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG 7-23-51	REGISTRAR'S SIGNATURE Geraldine Valmore	25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. ...	ADDRESS 18th & Benton
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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.

Student Embalmer No.

Signed Bruce Watkins

Signed
Student Embalmer

Licensed Embalmer No. 4500

P. O. Address 1144 Benton

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.