

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38960**
4944

FILED NOV 22 1952

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 4944
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) OR TOWN Kansas City		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. STREET ADDRESS (If rural, give location) 3415 Baltimore		2478
3. NAME OF DECEASED (Type or Print) a. (First) Roy		b. (Middle) R.	c. (Last) Taylor	
4. DATE OF DEATH (Month) 11 (Day) 10 (Year) 52				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 13 1890	9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter --K. C. Stockyards		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Illinois
12. CITIZEN OF WHAT COUNTRY? U. S.				
13a. FATHER'S NAME JAMES TAYLOR		13b. MOTHER'S MAIDEN NAME LOUISE JOHNSTON		14. NAME OF HUSBAND OR WIFE MAGDALEN PETERS Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 497-12-0285		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Magdalen Peters 3415 Baltimore
18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) Congestive heart disease		MEDICAL CERTIFICATION		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES		
DUE TO (b) Cardiac decompensation		DUE TO (c) cor pulmonale		
DUE TO (a) Congestive heart disease		DUE TO (b) Cardiac decompensation		
DUE TO (c) cor pulmonale		DUE TO (a) Congestive heart disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cancer of lung		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		
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 August 11, 1952 , to Nov. 10, 1952 , that I last saw the deceased alive on Nov. 10, 1952 , and that death occurred at 4:35 a. m. , from the causes and on the date stated above.				
23a. SIGNATURE H. H. Stratemeyer MD (Degree or title)		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 11-10-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 12 1952	24c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 11-12-52		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Querk & Tobin 20 West Linwood

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

can't read

Th. G. ...

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 *Farrest D. Coldsnow*

Licensed Embalmer No. *47 14*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. 38960
Local Registrar's No. 4944

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 11th day of May, 1953, before me appears Mrs. Magdalen Taylor, who, upon her oath, states that the original record of birth death for Roy R. Taylor died November 10, 1952, in the State of Missouri, and which was filed at Kansas City on 11-12, 1952, should be corrected as follows:

Item No. 14 should read Magdalen Taylor
Instead of Magdalen Peters

Item No. 17 (signature) should read Mrs. Magdalen Taylor
Instead of Mrs. Magdalen Peters

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.
(SEAL) X Affiant: Mrs. Magdalen M. Taylor (wife)
Relationship: _____

3403 1/2 Wyandotte K.C. Mo.
Present Address.

Subscribed and sworn to before me this 11th day of May, 1953

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1952

S-38960