

FILED JUN 3 1953

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **18293**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2611**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>64 YEARS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>General Hospital No. 1</b>		e. STREET ADDRESS (If rural, give location) <b>1108 E. 12</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Harry</b> b. (Middle) <b>210</b> c. (Last) <b>Taylor</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 19 53</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>JUNE 4, 1883</b>
9. AGE (In years last birthday) <b>69</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DRIVER</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ENGLAND 4</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>R.R. EXPRESS AGENCY</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>JOSEPH TAYLOR</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH COOPER</b>	14. NAME OF HUSBAND OR WIFE <b>GRACE G. TAYLOR</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>714-07-1742</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. NELLIE CHUMLEY</b>	ADDRESS <b>3015 FOREST, K.C.MO.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of recto sigmoid with metastases</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>154 1/2</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. 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"/>
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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)	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 **Dec. 12, 1952**, to **May 19, 1953**, that I last saw the deceased alive on **May 19, 1953**, and that death occurred at **5:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>B.I. Burns</b>	(Degree or title)	23b. ADDRESS <b>24th &amp; Cherry</b>	23c. DATE SIGNED <b>5-20-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>May 21, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>5-21-53</b>	REGISTRAR'S SIGNATURE <b>Heraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D. W. Newcomer's Sons</b>	ADDRESS <b>1332 Baiting Agency, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*the nurse*

**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.....  
Signature of Student Embalmer

Signed *Edward M. Storey*.....

Licensed Embalmer No. *448*.....

P. O. Address *K. E. 10*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.