

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32040
4505

State File No.

 BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>		c. LENGTH OF STAY (In this place) <p align="center">6 YEARS</p>		c. CITY OR TOWN <p align="center">Kansas City</p>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <p align="center">Northeast Restorium</p>		e. STREET ADDRESS (If rural, give location) <p align="center">1310 East 62nd. Street 2818</p>			
3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">Jennie</p>		b. (Middle) <p align="center">E.</p>		c. (Last) <p align="center">Taylor</p>	
4. DATE OF DEATH (Month) (Day) (Year) <p align="center">Sept. 14 1953</p>		5. SEX <p align="center">Female</p>		6. COLOR OR RACE <p align="center">White</p>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Widowed 2</p>		8. DATE OF BIRTH <p align="center">Nov. 5, 1872</p>		9. AGE (In years last birthday) <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 1 MIN. <p align="center">80</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Housewife - AT HOME</p>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) / <p align="center">UNKNOWN ILLINOIS</p>	
12. CITIZEN OF WHAT COUNTRY? <p align="center">U. S. A.</p>		13a. FATHER'S NAME <p align="center">Amos W. Allen</p>		13b. MOTHER'S MAIDEN NAME <p align="center">Mary E. White</p>	
14. NAME OF HUSBAND OR WIFE <p align="center">IRVING TAYLOR</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p>		16. SOCIAL SECURITY NO. <p align="center">None</p>	
17. INFORMANT'S SIGNATURE OR NAME <p align="center">MRS. HARVEY RANDALL</p>		ADDRESS <p align="center">1310 E. 62ND ST. KANSAS CITY, MO.</p>			
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) <p align="center">Bronchopneumonia, acute</p>			INTERVAL BETWEEN ONSET AND DEATH <p align="center">1 week</p>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			491X <p align="center">1 year</p>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p align="center">Cerebral arteriosclerosis</p>		19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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>6-13, 1953</u> , to <u>9-14, 1953</u> , that I last saw the deceased alive on <u>9-8, 1953</u> , and that death occurred at <u>12:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <p align="center">Richard W. Gunn</p>		(Degree or title) <p align="center">M.D.</p>		23b. ADDRESS <p align="center">6230 Truman Rd. K.C. 36, Mo.</p>	
23c. DATE SIGNED <p align="center">9-14-1953</p>		24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">BURIAL</p>		24b. DATE <p align="center">SEPT-16-1953</p>	
24c. NAME OF CEMETERY OR CREMATORY <p align="center">UNION CEMETERY</p>		24d. LOCATION (City, town, or county) (State) <p align="center">KANSAS CITY MISSOURI</p>			
DATE REC'D BY LOCAL REG. <p align="center">9-16-53</p>		REGISTRAR'S SIGNATURE <p align="center">Geraldine Smith</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">D. W. Thompson Sons, Kansas City, Mo.</p>	

(Licensed Embalmer's Statement on Reverse Side)

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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Bele Kessel*

Licensed Embalmer No. *469*

P. O. Address *K.C.M.*

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.