

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16206**
1956
Registrar's No.

BIRTH NO. **3180 23262-54** 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). 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) life	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		d. Is Residence within limits of a city, incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) (Infant) b. (Middle) c. (Last) Taylor		4. DATE OF DEATH (Month) (Day) (Year) 3 27 1954	
5. SEX 3 female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 3-27-54
9. AGE (In years last birthday) 10 1/2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant	
11a. FATHER'S NAME Willie Taylor		11b. MOTHER'S MAIDEN NAME Clotiel Allen	
11c. KIND OF BUSINESS OR INDUSTRY		11d. NAME OF HUSBAND OR WIFE ---	
12. CITIZEN OF WHAT COUNTRY? America		13. SOCIAL SECURITY NO. none	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Clotiel A. Taylor	
18. CAUSE OF DEATH		18. ADDRESS 1305 E. 13th St.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 776h
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) 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 **3-27-54**, 19**54**, to **3-27-54**, 19**54**, that I last saw the deceased alive on **3-27-54**, 19**54**, and that death occurred at **11:05a** m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis MD	(Degree or title)	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 3-30-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4-30-54	24c. NAME OF CEMETERY OR CREMATORY Acacia Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City MO
DATE REC'D BY LOCAL REG. 4-30-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) Wm A. Lohmeyer K.C. MO	

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 mt Embalmed, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Wm A Schuyler

Licensed Embalmer No. 30

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