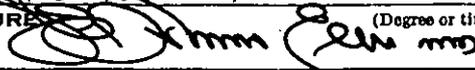


FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26521**
3369
Registrar's No.

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.			
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) 30 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2				STREET ADDRESS (If rural, give location) 1525 Montgall				3248	
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle)		c. (Last) Taylor		4. DATE OF DEATH (Month) (Day) (Year) 7 31 1955		
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 8, 1866		9. AGE (In years last birthday) 88 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 100 HRS. Hours	IF UNDER 100 HRS. Mins.
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 (City and State or Foreign Country) Marshall, Texas		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME David Matthew			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Henry Taylor				
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josie Buford 2427 Jackson				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probable bronchogenic carcinoma (x-ray). DUE TO (c)						1027	
		ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility. Malnutrition.							
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 <u>7-22-55</u> , 19 <u> </u> , to <u>7-31-55</u> , 19 <u> </u> , that I last saw the deceased alive on <u>7-31-55</u> , 19 <u> </u> , and that death occurred at <u>10:50 p m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE 				(Degree or title)		23b. ADDRESS 600 E. 22nd Street		23c. DATE SIGNED 7-31-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-3-55		24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 8-3-55		REGISTRAR'S SIGNATURE Meva Marshall			25. FUNERAL DIRECTOR'S SIGNATURE Mathews Brothers			ADDRESS 18th & Benton	

(Licensed Embalmer's Statement on Reverse Side)

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

Seal File

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..... *Bruce R. Watkins*.....

Licensed Embalmer No. *450*

P. O. Address *18th & K*

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.