

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017819

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2584

AMENDED

FILED JUN 12 1961

DATE AMENDED

5-26-61

INSTEAD OF

May 15, 1890 71 yrs.

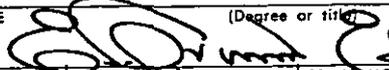
SHOULD READ

June 15, 1890 70 yrs.

Blue Ridge Lawn K. C. Mo. Leavenworth, Kans. 5-27-61

BY AFFIDAVIT OF Frank Mills Funeral Director

MEDICAL CERTIFICATION

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE - (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Length of stay in lb <u>10 Yrs.</u> | c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1602 East 25th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Willard</u> Middle <u>Taylor</u> Last <u>Taylor</u> | | | 4. DATE OF DEATH Month <u>5</u> Day <u>21</u> Year <u>61</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-15-1890</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>K. C. S. RR</u> | 9. AGE (last birthday) <u>71 70</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____ |
| 13a. FATHER'S NAME <u>Bunk Taylor</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hopkins</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW # 1</u> | | 14. NAME OF HUSBAND OR WIFE <u>Emma Taylor</u> | |
| 16. SOCIAL SECURITY NO. <u>WW # 1</u> | | 17. INFORMANT <u>Clemmie Thompson Kalisbell, Montana</u> Address _____ | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CVA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE _____ | |
| 21. I attended the deceased from <u>5-21-61</u> to <u>5-21-61</u> and last saw ^{her} him alive on <u>5-21-61</u> Death occurred at <u>10:45 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE  | | 22b. ADDRESS <u>1400 Cherry</u> | 22c. DATE SIGNED <u>5/23/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>5-27-61</u> | 23c. NAME OF CEMETERY OR CREMATOR <u>National Cem. Blue Ridge Lawn</u> |
| 24. FUNERAL DIRECTOR <u>Jones & Stevens, 2315 Linwood</u> | | 23d. LOCATION (City, town or county) (State) <u>Kansas City, Missouri</u> | 25. DATE RECD. BY LOCAL REG. <u>5-24-61</u> |
| | | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> | |

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 Lawrence A. Johnson

Licensed Embalmer No. 4182

P. O. Address 2315

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.