DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28227

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3229

1. PLACE OF DEATH: 3

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Steva Convelesant Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Week (Specify whether
In this community 35 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elizabeth Winston Taylor 460

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph L. Taylor

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 4th, 1883.
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Versailles, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 1

11. Industry or business -----

FATHER
12. Name J. B. Mc Ginn 1
13. Birthplace Unknown Kentucky 2
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 1
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joseph L. Taylor
(b) Address 2816 East 7th, Str., K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 14-1939
(Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery, K.C.Mo

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn Avenue, K.C. Mo.

19. (a) 8/14/39 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1939 hour minute Am

21. I hereby certify that I attended the deceased from May 1, 1939, to Aug 13, 1939;
that I last saw her alive on Aug 12, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Carcinomatosis	3 mo
Due to Carcinoma of breast	
Due to 50	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of breast
Of autopsy not made

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? 1 (e) Means of injury

23. Signature Harry L. Jones (M. D. or other)
Address Kansas City Mo Date signed 8/13/39

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PERMANENT—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 X19511

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Dengil Browning

Licensed Embalmer No. 2724

P. O. Address 918 Brooklyn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.