DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Board of Health
State File No. 31453

Registration District No. 1209

Primary Registration District No. 1002

Registrar's No. 3551

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 2501 Harrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No.: 2501 Harrison, K.C.Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME: Matilda Taylor 460

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Frank V. Taylor

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

7. Birth date of deceased: Oct. 24th, 1854 (Month) (Day) (Year)

8. AGE: Years 82 | Months 10 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace: Penna. (City, town, or county) (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business: -------

MOTHER FATHER

12. Name: John Hart

13. Birthplace: Penna (City, town, or county) (State or foreign country)

14. Maiden name: Matilda Sticker.

15. Birthplace: Penna. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Paul J. Wall.

(b) Address: Wichita, Kansas

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: Sept. 11th, 39 (Month) (Day) (Year)

(c) Place: burial or cremation: Cremation at Elmwood

18. (a) Signature of funeral director: Mrs. C.L.Forster

(b) Address: 918 Brooklyn Avenue, K.C.Mo.

19. (a) Sept 10-39 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 9 year 39 hour 1:30 A.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw ..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Embolism

Due to: Coronary Sclerosis

Due to: 131

Other conditions: Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy: Cerebral Embolism

Duration

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? ..... (e) Means of injury .....

23. Signature: Russell W. Fox (M. D. author)

Address: Helena Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39
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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 Theron A Redmon

Licensed Embalmer No. 2737

P. O. Address K.C. 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 this body is not embalmed, above space should be left blank.