S. No. 2
-11-10-39
5-17-39
P I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6328

Registration District No. 203 Primary Registration District No. 4122 Registrar's No. 4

24
8
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1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Smithville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ?
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)
In this community 1 year.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay
(c) City or town: North Kansas City. (If outside city or town limits, write "RURAL")
(d) Street No.: R # 4 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Minnie A Taylor 460
3. (b) If veteran, name war: ____
3. (c) Social Security No.: ____
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Aug (Month) 2 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
80	6	26	hr. ____ min.

9. Birthplace: Dodge City (City, town, or county) Wis. (State or foreign country)
10. Usual occupation: Housework
11. Industry or business: ____
12. Name (Father): John Lee
13. Birthplace (Father): England (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Ann Leese
15. Birthplace (Mother): England (City, town, or county) (State or foreign country)
16. (a) Informant: Reuna A. Dixon
(b) Address: N. Kansas City Mo
17. (a) Disposal (Burial, cremation, or removal) (b) Date thereof 2-28-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Glen Elder Ks.
18. (a) Signature of funeral director: Rollie M. Eads
(b) Address: Kansas City Kansas
19. (a) 2-28-1940 (Date received local registrar) (b) E. C. Hill (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1940 hour 8 minute 30 p M.
21. I hereby certify that I attended the deceased from Dec 1, 1939, to Feb 28, 1940, that I last saw her alive on Feb 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to: Coronary sclerosis	
Due to: General arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: No	

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): No
(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: [illegible] (M. D. or other)
Address: Smithville Date signed 2/28/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
Office File Number 3/5/62
Date Filed

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 my self, Registered Apprentice No. ..... working under my personal supervision.

Signed Rollie M. Eads

Licensed Embalmer No. 2381

P. O. Address Kansas City Kans

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.