No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5914

Registration District No. FILED MAR 14 1939

Primary Registration District No. 1002

Registrar's No. 686

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

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution: St. Luke's Hospital, O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since Jan. 3, 1941 (Specify whether

In this community Since January 3, 1941, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Charlton, 21

(c) City or town Keytesville, (If outside city or town limits, write "RURAL") 0

(d) Street No. - (If rural, give location) 1

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

3. (a) PRINT FULL NAME Mrs. Jessie F. Taylor,

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 Married,

6. (b) Name of husband or wife John D. Taylor

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Jan (Month) 15 (Day) 1879 (Year)

8. AGE: Years 62 Months Days If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business as Home

FATHER
12. Name John F Turner
13. Birthplace Carroll Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Sarah Baldin
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant John D Taylor
(b) Address Keytesville, Mo

17. (a) Removal, (Burial, cremation, or removal) (b) Date thereof 2-15-41 (Month) (Day) (Year)
(c) Place: burial or cremation Keytesville, Mo.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2/16/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15th, year 1941 hour 2:10 minute A M.

21. I hereby certify that I attended the deceased from July 19, 1929 to February 15, 1941; that I last saw her alive on February 14, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rheumatic Heart disease	40 yrs
Aortic Stenosis + Mitral Stenosis	" "
Due to: Pulmonary Infarction + edema	6 wks
Due to: Heart failure + Femoral thrombophlebitis	
Other conditions (Include pregnancy within 3 months of death)	92
Major findings: Of operations	92
Of autopsy Confirmed above Diagnosis	

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 P J Bohan (M. D. or other) D
Address Plaza Med. Bldg Kansas City Date signed 2-15-41

(Licensed Embalmer's Statement on Reverse Side)

APR 23 [illegible]

Dr. Bohan,
Med. Diego Bedy

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 Willis H Bennett Registered Apprentice No. 282 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 1415

P. O. Address K. C. Mo

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

If this body is not embalmed, fact should be so stated above.