

S. No. 2  
4-13-40  
V. 5-17-39  
X23189

9492

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

APR 15 1941

Registration District No. 399

Primary Registration District No. 1002

901

48  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jackson

(a) County: Jackson

(b) City or town: Kansas City

(c) Name of hospital or institution: 2121 Belleview /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 32 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Lawrence Ray Taylor

3. (b) If veteran, name war: Regular Army

3. (c) Social Security No.: Unknown

4. Sex: M

5. Color or race: Col

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

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

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

7. Birth date of deceased: March 23 1908  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	32	11	4	hr. min.

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

10. Usual occupation: Common Laborer

11. Industry or business:

12. Name: Charlie Ray

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

14. Maiden name: Mary Brown

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

16. (a) Informant: Mary Taylor

(b) Address: 2121 Belleview

17. (a) burial (b) Date thereof: 3/4/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Lincoln Cemetery

18. (a) Signature of funeral director: *Hatkins Bros.*

(b) Address: 1729 Lydia

19. (a) 3/3/41 (b) *M. M. Brown*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 2121 Belleview  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 27-41  
year hour minute 4:40 P.M.

21. I hereby certify that I attended the deceased from *Deputy Coroner* 19 to 19  
that I was *Deputy Coroner* alive at the time of death and that death occurred on the date and hour stated above.

Immediate cause of death: *Intestinal Obstruction*  
*Volvulus*

Due to: *Intestinal Obstruction*

Due to: *Volvulus*

Other conditions: *12212*  
(Include pregnancy within 3 months of death)

Major findings: *12212*  
Of operations:

Of autopsy:

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?

While at work? (Specify type of place) (e) Means of injury:

23. Signature: *Russell W. Fox* (M. D. or other)

Address: *Star* Date signed:

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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.....

*Isaac Jerome Mantone*

Licensed Embalmer No.....

*3994*

P. O. Address.....

*1120 E. 23rd St*

**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, fact should be so stated above.**