

FILED FEB 6 1948

Registration District No. Primary Registration District No. 1002

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:
701 1/2 MAIN ST.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community unknown
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County JACKSON
 (c) City or town KANSAS CITY MO.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 701 1/2 MAIN ST.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LAFAYETTE TAYLOR
 3. (b) If veteran, name was SPANISH AMERICAN
 3. (c) Social Security No. DO NOT KNOW

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JAN. day 15
 year 1948 hour 10 minute 40 A. M.

4. Sex MALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced DO NOT KNOW
 6. (b) Name of husband or wife DO NOT KNOW
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased APR 29, 1866
 (Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day
75 4 16 hr. _____ min.

Immediate cause of death Arteriosclerotic heart disease
 Due to _____
 Due to 93 D
 Other conditions _____
 (Include pregnancy within 3 months of death)

9. Birthplace TAKING ROCK GA.
 (City, town, or county) (State or foreign country)

10. Usual occupation DO NOT KNOW

11. Industry or business _____

MOTHER FATHER
 { 12. Name DO NOT KNOW
 { 13. Birthplace DO NOT KNOW
 (City, town, or county) (State or foreign country)
 { 14. Maiden name DO NOT KNOW
 { 15. Birthplace DO NOT KNOW
 (City, town, or county) (State or foreign country)

16. (a) Informant CORONER OFFICE
 (b) Address K.C.MO.

17. (a) BURIAL (b) Date thereof Jan 22 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation WADSWORTH KANSAS

18. (a) Signature of funeral director PASSANTINO BRO'S.
 (b) Address KANSAS CITY MO.

19. (a) 1/20/48 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy inspector

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 [Signature] 3
 Address _____ Date signed 1/20/48

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

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

FEB 5 1977

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: *Paul G. Rowe*
Licensed Embalmer No. *2347*
P. O. Address: *19. 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, fact should be so stated above.