S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36427

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 4149

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 Kans City Tb Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 6 days (Specify whether)
In this community 18 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48 3
(c) City or town Kans City 8 (If outside city or town limits, write "RURAL")
(d) Street No. 2021 Bellevue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Taylor, Algerine
3. (b) If veteran, name war —
3. (c) Social Security No. Unable to find
4. Sex F
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept (Month) 22 (Day) 1913 (Year)

8. AGE: Years 29 Months 1 Days ~~13~~ 12 If less than one day ___ hr. ___ min.

9. Birthplace ? (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Laundry Worker
11. Industry or business worked in Calif.
FATHER
12. Name O T Taylor
13. Birthplace ? Arkansas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Tidwell
15. Birthplace ? Arkansas (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Mary Norman
(b) Address 2316 E 17th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation Highland
18. (a) Signature of funeral director H B Moore
(b) Address 1820 E 18th St
19. (a) 11-7-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1942 hour 5 00 minute 50 P M.
21. I hereby certify that I attended the deceased from 10-29, 1941, to 11-4, 1942 that I last saw her alive on 11-3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pul. Tuberculosis — Duration
Due to
Due to 13 B
Other conditions (Include pregnancy within 3 months of death)
Major findings:
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address K C Tb Hosp K C Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 me

H B Moore, Registered Apprentice No.

working under my personal supervision.

Signed H B Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18th 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.