

S. No. 2
1-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1200
Registrar's No. 192

FILLED FEB 3 1944
1949

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: General Hosp. #72
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 hrs (Specify whether
In this community 8 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 134 Munnick (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Ann Anderson

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 7
year 1944 hour 4:45 minute a. M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

4. Sex Female 5. Color or race Cal. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Mar. 25, 1912
(Month) (Day) (Year)

Immediate cause of death Bun shot wound of abdomen
Due to _____

8. AGE: Years Months Days If less than one day
31 9 13 hr. min.

Due to 166
Other conditions _____
(Include pregnancy within 3 months of death)

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

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: _____
Of operations _____
Of autopsy yes
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name John W. Taylor
13. Birthplace Wagoner Okla.
(City, town, or county) (State or foreign country)
14. Maiden name Rose Rachelle
15. Birthplace Wagoner Okla.
(City, town, or county) (State or foreign country)

16. (a) Informant John Taylor
(b) Address Okmulgee - Okla

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Jan - 7 - 44
(c) Where did injury occur Kans City Jackson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Hotel Public place
While at work? _____ (Specify type of place)
(e) Means of injury fire arms

17. (a) Burial (b) Date thereof 1-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Westly

18. (a) Signature of funeral director W. J. Wheeler
(b) Address 15-2 N. 5th

23. Signature A. P. Richardson (M; D; or other) _____
Address 1832 Kane Date signed 1-24-44

19. (a) Jan 14 1944 (b) Jo Brown
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

APR 23 1958

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. 7

working under my personal supervision.

Signed A. J. Moore

Licensed Embalmer No. 948

P. O. Address Kansas City, 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.