

Registration District No. **149**

Primary Registration District No. **1002**

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. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 40 Yrs. (Specify whether years, months or days)

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. 3111 Coleman Rd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Grace M. TAYLOR

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Guy Taylor

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

7. Birth date of deceased Oct. 4, 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 8
If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Maynane Griffis
13. Birthplace No Record
(City, town, or county) (State or foreign country)
14. Maiden name May Mc Kecknie
15. Birthplace Augusta Maine
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joseph W. Gilbert
(b) Address 709 Manhein Rd. K.C. Mo.
17. (a) Burial (b) Date thereof 12/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cem.

18. (a) Signature of funeral director Gates General Home
(b) Address 1901 Olive Blvd. K. C. Kans.
19. (a) 12-13-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th
year 1946 hour 9 minute P M.

21. I hereby certify that I attended the deceased from 12-10
1946 to 12-12 1946
that I last saw her alive on 12-12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Pneumonia
Hypertension

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

Major findings:
Of operations _____
Of autopsy Same
932

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)
(5) Means of injury _____

23. Signature Gates (M. D. or other)
Address 1578 Professional Bldg Date signed 12-13-46

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.....

James Ward

Licensed Embalmer No. 3991

P. O. Address 103 East 51st St

K.E.M.O.

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.