

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1361**
Registrar's No. **91**

Registration District No. **149** 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: **Menorah Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day**
In this community **42 Years** (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. **4141 Pennsylvania Ave**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MRS. MAUDE L. TAGGART**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **7th.**
year **1947** hour **1:30** minute **P** M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Philip S. Taggart**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 20th, 1884**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 47** to **Jan 7 1947**
that I last saw her alive on **Jan 7 1947**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
62 **9** **17** hr. min.

Immediate cause of death **Acute coronary occlusion**
Due to **Sudden**

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **At Home**

Other conditions (Include pregnancy within 3 months of death) **94a**

11. Industry or business _____
12. Name **Calvin M. Willis**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary E. Burnes**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy **Embalmer to funeral artery**
PHYSICIAN _____
-Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr. Richard Willis, Sr.**
(b) Address **4115 Baltimore Avenue**
17. (a) **Burial** (b) Date thereof **1 - 9 - 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill Cemetery**

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? _____

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**
(b) Address **104 West 42nd. St. Kansas City, Mo.**
19. (a) **1-8-47** (b) **Geraldine Holme**
(Date received local registrar) (Registrar's signature)

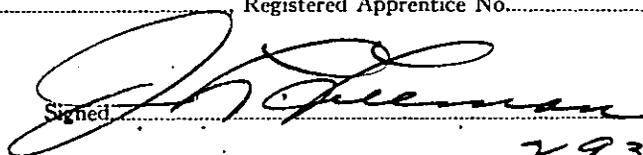
While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **Alvin G. Guebert** M.D. or other _____
Address **420 Prof Bldg** Date signed **1-8-47**

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

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



Licensed Embalmer No. 2939

P. O. Address F. O. Ohio

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.