

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 585

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 Leeds T. B. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 year  
(Specify whether years, months or days) unknown

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 534 Main St  
(If rural, give location)  
(e) Citizen of foreign country? unknown (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME George Taylor  
(b) If veteran Do not know name war  
(c) Social Security No. Do not know

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 3 year 1947 hour 10 minute 30 P. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
(b) Name of husband or wife  
(c) Age of husband or wife if alive 1889 years (Month) (Day) (Year)

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

Immediate cause of death Pulmonary Tuberculosis

8. AGE: Years 57 Months Days If less than one day hr. min.

Due to  
Due to

9. Birthplace Do not know (City, town, or county) (State or foreign country) 9

Other conditions none (Include pregnancy within 3 months of death) 158

10. Usual occupation none

Major findings: Of operations no op.  
Of autopsy no autopsy

MOTHER FATHER

11. Industry or business  
12. Name Do not know  
13. Birthplace (City, town, or county) (State or foreign country) 9  
14. Maiden name know  
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Coroner office  
(b) Address 12 C mo

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence

17. (a) Reinterment (b) Date thereof Feb. 7 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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 Walter R. C. M.  
(b) Address Parsons Ave

(Specify type of place) (e) Means of injury

19. (a) 2-6-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

23. Signature J. H. Owens (M. D. or other)  
Address Kansas City mo Date signed 2/6/47

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 *Francis Walton*

Licensed Embalmer No. *2744*

P. O. Address *14 C me*

**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.**