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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9445**
Registrar's No. **1457**

FILED APR 8 1947

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:
3131 Forest /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **3131 Forest** **8**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No) **0**
If yes, name country _____

3. (a) PRINTED FULL NAME **WILLA LOUISE TAYLOR**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **500-12-3650**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Dr. Dale Taylor** 6. (c) Age of husband or wife if alive **about 40 years**

7. Birth date of deceased **August 27 1924**
(Month) (Day) (Year)

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

22 6 27 hr. min.

9. Birthplace **Richmond Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Waitress**

11. Industry or business **Belove Delicatessen**

12. Name **Jess A Hart**

13. Birthplace **Confidence Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name **Hazel Wood**

15. Birthplace **Nobel Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jesse A. Hart**

(b) Address **802 Gracey**

17. (a) **Burial** (b) Date thereof **3/28/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Divorced the 20th**

(b) Address **20 West Linwood**

19. (a) **3-28-47** (b) **Sheraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **27th** day **March**
year **1947** hour **8:00** minute **A** M.

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

Immediate cause of death **Asphyxiation** Duration _____
cause unknown

Due to _____
Due to _____

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

Major findings: **2000**
Of operations? _____
Of autopsy **See Above**

ADDITIONAL PHYSICIAN SUPPLEMENTARY INFORMATION REQUESTED

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 force)
While at work? _____ means of injury _____

23. Signature **W E Walker** (M.D. or other) **M.D.**
Address **2800 Main** Date **3/29/47**

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

MOTHER FATHER

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 *Maudie Adair*

Licensed Embalmer No. *4016*

P. O. Address *49 @ 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.

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: 3131 Boreat
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Willa Louise Taylor
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex _____ 5. Color or race _____
6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 3-28-47 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March year 1947 hour _____ minute 50 a. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to acute alcoholism
Due to salicylic poisoning

Other conditions _____ (Include pregnancy within 3 months of death) 1952

Major findings: Of operations _____

Of autopsy see above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) unknown
(b) Date of occurrence 3-24-47
(c) Where did injury occur? N.C. Jackson mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? no (Specify type of place) (e) Means of injury Aspirin tablets

23. Signature A. E. Upsher (M. D. or other) 3-26-47
Address 2800 Main Date signed _____

SUPPLEMENTAL

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

S-9445