

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

FILED SEP 16 1947

State File No. ....

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 3735

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:  
1228 Oakley  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 25 yrs.  
(Specify whether years, months or days)

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. 1228 Oakley  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES W TAYLOR

3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 3R  
year 1947 hour 8 minute 30 A. M.

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

6. (b) Name of husband or wife Hattie Johnson Taylor 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased JANUARY 17, 1878  
(Month) (Day) (Year)

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

8. AGE: Years 69 Months 7 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Sclerosis Duration \_\_\_\_\_

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

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include emergency within 3 months of death) \_\_\_\_\_

10. Usual occupation Farmer

Major findings of operations Reputy Coronar PHYSICIAN \_\_\_\_\_  
Of autopsies History 93d  
Underline the cause to which death should be charged statistically.

11. Industry or business Retired

MOTHER FATHER

12. Name James C. Taylor

13. Birthplace Sullivan Co., Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Bingham

15. Birthplace Sullivan Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Sharp

(b) Address Brookfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/3/47  
(Month) (Day) (Year)

(c) Place: burial or cremation Browning, Mo.

18. (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo

19. (a) 9-1-47 (Date received local registrar) (b) Seraldine Holmes (Registrar's signature)

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 job) (Means of injury)

23. Signature AS Walker (M. D. or other) \_\_\_\_\_  
Address 3800 Main Date signed 9/1/47

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.....

*Charles Mayfield*, Registered Apprentice No. *18*  
working under my personal supervision.

Signed.....

*John P. Shiel*,  
Licensed Embalmer No. *3625*

P. O. Address *7640*

**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.**