

FILED OCT 21 1947
749

Registration District No. _____

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 DAY
(Specify whether years, months or days)

In this community 3 YRS.

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. 1819 PASEO **8**
(If rural, give location)

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

3. (a) PRINT FULL NAME TAYLOR CHARLES

MEDICAL CERTIFICATION

3. (b) If veteran, name war No

20. DATE OF DEATH: Month OCTOBER day 5, year 1947 hour 9: minute 00 P. M.

4. Sex MALE **2** 5. Color or race NEGRO

21. I hereby certify that I attended the deceased from OCTOBER **4**, 1947 to OCTOBER **5**, 1947;

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

that I last saw h. IM alive on OCTOBER **5**, 1947;

6. (b) Name of husband or wife Marie Charles

and that death occurred on the date and hour stated above.

7. Birth date of deceased DECEMBER **24**, 1903
(Month) (Day) (Year)

Immediate cause of death LOBAR PNEUMONIA **108**

8. AGE: Years 43 Months 9 Days 11 If less than one day hr. min.

Due to _____

9. Birthplace PLEASANT HILL MISSOURI
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation COMMON LABORER

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

11. Industry or business Foundry

Major findings: Of operations _____

12. Name DANIEL CHARLES

Of autopsy _____

13. Birthplace UNKNOWN MISSOURI
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name LAURA LOGAN

15. Birthplace UNKNOWN MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant WILDA DEAN CHARLES

(b) Address 129 E. FARMER-INDEPENDENCE, MO.

17. (a) Burial (b) Date thereof 10/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tyler Cem. Indep. Mo.

18. (a) Signature of funeral director Carl Davis

(b) Address 1513 TROOST AVE.

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.

Address GENERAL HOSPITAL NO. 2 Date signed 10/6/47

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.....

C. E. Davis

Licensed Embalmer No.

4417

P. O. Address.....

17. C. 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.