FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

Registration District No. 59

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4240

Primary Registration District No. 4098

Registrar's No. 48

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Belton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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: Life

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

3. (a) PRINT FULL NAME: JAMES LOUIS TAYLOR
3. (b) If veteran, name war: No
3. (c) Social Security No. 494-16-5953

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Mae Taylor
6. (c) Age of husband or wife if alive: unk. years
7. Birth date of deceased: June (Month) 1. (Day) 1885 (Year)

8. AGE: Years 62 | Months 9 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace: Belton, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business: .....

MOTHER FATHER
12. Name: Charles Taylor
13. Birthplace: Ohio (City, town, or country) (State or foreign country)
14. Maiden name: Cora Shepherd
15. Birthplace: Kansas (City, town, or county) (State or foreign country)

16. (a) Informant: Fred C. Taylor
(b) Address: Olathe, Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-7-'48 (Month) (Day) (Year)
(c) Place: burial or cremation: Belton, Mo.
18. (a) Signature of funeral director: E. K. George & Sons
(b) Address: Belton, Mo. (by R. E. Moore)
19. (a) March 11-48 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 5th year: 1948 hour: 1 minute: 50 A.M.
21. I hereby certify that I attended the deceased from March 4, 1948, to March 5 1948; that I last saw him alive on March 4, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: PNEUMONIA, BRONCHIAL, CAUSE UNDETERMINED	3 days
Due to: —	
Due to: —	
Other conditions: HEPATITIS, CHRONIC, SEVERE (Include pregnancy within 3 months of death)	UNKNOWN

Major findings:
Of operations: None
Of autopsy: None made

PHYSICIAN
Underline the cause of 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 place)
While at work? — (e) Means of injury: —

23. Signature: Herbert A. Tracy (M. D. or other) M.D.
Address: Belton, Mo. Date signed: 3/6/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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: Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belton, 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.