

S. No. 2
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-5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5109
Registrar's No. 606

Registration District No. 149 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
(c) Name of hospital or institution:
2102 E. 9th. St. 1.
(d) Length of stay: In hospital or institution.....
In this community..... 8 years
years, months or days

3. (a) PRINT FULL NAME Carrie Taylor
3. (b) If veteran, name war.....
3. (c) Social Security No. none

4. Sex Female 5. Color or race negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elzie Brown Taylor
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased: 2 25 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months XII Days XII
If less than one day hr. min.

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

10. Usual occupation House Work

11. Industry or business own home

12. Name Charles Harrell

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

14. Maiden name Jennie Douglas

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

16. (a) Informant Jennie Keys

(b) Address 2102 E. 9th. St.

17. (a) Burial (b) Date thereof 2-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Highland Ceme.

18. (a) Signature of funeral director J. W. Jones

(b) Address 440 State Lane
19. (a) 2-10-48 (b) Theralline Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2102 E. 9th.
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 6
year 1948 hour 4 minute 30 M.
21. I hereby certify that I attended the deceased from Feb 1st to Feb 6 1948
that I last saw her alive on Feb 4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thromboses
Due to.....
Due to.....

Other conditions none
(Include negative within 4 months of death)
Major findings: arterio-sclerosis
Of operations.....
Of autopsy none

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place)
(a) Means of injury.....
23. Signature W. Wellbourn (M. D.)
Address Kansas City, Mo. Date Feb 9 1948

MS 311081

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 *Ernest English*

Licensed Embalmer No. *4105*

P. O. Address *440 State Ave*

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.