

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:
2125 Summit
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **12 Years**
years, months or days

3. (a) PRINT FULL NAME **George W. Taylor**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Mary Jane Taylor**
6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **5 22 1873**
(Month) (Day) (Year)

8. AGE: Years **74** Months **10** Days **11**
If less than one day hr. min.

9. Birthplace **North Carolina**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business **self**

12. Name **Billie Taylor**

13. Birthplace **No Record**
(City, town, or county) (State or foreign country)

14. Maiden name **Maggie**

15. Birthplace **No Record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Jane Taylor**

(b) Address **2125 Summit**

17. (a) **Removal** (b) Date thereof **4-5-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Park**

18. (a) Signature of funeral director **Mrs. C.L. Forster**

(b) Address **Kansas City, Missouri**

19. (a) **4-5-48** (b) **Geraldine 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**
(If outside city or town limits, write "RURAL")
(d) Street No. **2125 Summit**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **3rd.**
year **1948** hour **4** minute **00** A.M.

21. I hereby certify that I attended the deceased from **January 18** to **April 3**
that I last saw him alive on **April 3**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Pneumonia 2da.**

Due to **Myocardial decompensation**

Due to **Atherosclerosis of hypertension**

Other conditions **Left hemiplegia of 27 years history**
(Include pregnancy with date of delivery)
Major findings: **of operations**

Of autopsy **as above**

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 **Harold W. Rain** (M.D. or other) **Dr.**
Address **4150 Rainbow KCR** Date signed **4-4-48**

Duration
2 da.
unknown
27 years per history
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Dr. Harold O. Bain
4150 Rainbow Blvd.

T.A.3945

2-4-

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 Robert A. Hennessey

Licensed Embalmer No. 3700

P.O. Address. K.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.