

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **20503**
2576

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) <u>11 yrs.</u>		d. STREET ADDRESS (If rural, give location) 2823 Forest Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2823 Forest - (Home)			
3. NAME OF DECEASED (Type or Print) a. (First) George E. b. (Middle) _____ c. (Last) Taylor			4. DATE OF DEATH (Month) (Day) (Year) 6/8/50
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 18, 1898
9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Adolph Taylor		13b. MOTHER'S MAIDEN NAME Laura Alexander	14. NAME OF HUSBAND OR WIFE Lena J. Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 491-05-9497	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lena J. Taylor ADDRESS Kansas City, Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Calcular Heart Disease ANTECEDENT CAUSES Myocardial Infarction Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>June 5, 1950</u> , to <u>June 8, 1950</u> , that I last saw the deceased alive on <u>June 5, 1950</u> , and that death occurred at <u>2:30 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE Carl A. Jackson (Degree or title)		23b. ADDRESS 1103 Arroyo Blvd. N. Ca.	23c. DATE SIGNED 6-9-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 10, 1950	24c. NAME OF CEMETERY OR CREMATORY Newton Cemetery	24d. LOCATION (City, town, or county) (State) Nevada, Missouri
DATE REC'D BY LOCAL REG. 6-9-50	REGISTRAR'S SIGNATURE S. Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS Earp & Sons 4139 Truman Rd. K.C., Mo.	

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

Dr. Carl Jackson
Arma & Front
11-4-1918

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 _____

working under my personal supervision.

Student Embalmer No.

Signed James W. Eayp
Licensed Embalmer No. 4622
P. O. Address W.C., Mo.

Signed.....
Student Embalmer

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.