

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33843

FILED NOV 15 1950

State File No. _____

Registrar's No. 4719

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 51570

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 OR TOWN Missouri City		c. LENGTH OF STAY (in this place) unknown		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri River		d. STREET ADDRESS unknown		300	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) William c. (Last) Taylor			4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1950		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED never married	8. DATE OF BIRTH Feb. 15, 1913	9. AGE (In years last birthday) 37	10. CITIZEN OF WHAT COUNTRY? ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10b. KIND OF BUSINESS OR INDUSTRY unknown		11. BIRTHPLACE (State or foreign country) 9	
13a. FATHER'S NAME Harrison Taylor		13b. MOTHER'S MAIDEN NAME Arabella White		14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War II 496-09-2321		17. INFORMANT'S SIGNATURE OR NAME James Morris - 2804 Mersington	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown ANTECEDENT CAUSES Morbidity apparently due to rise to the above cause (a) stating the underlying cause last. DUE TO (c) Drowning II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 592.98 42
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Greater size		20. 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.) River		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Missouri City Jackson Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10/19/1950 1:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Drowning	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Thos. A. Jones Thos. A. Jones		23b. ADDRESS 1612 E 12th		23c. DATE SIGNED 10/22/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-24-50		24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE E. Herbig		ADDRESS 1212 main st R.C.M.O.	
DATE REC'D BY LOCAL REG. Nov 1 1950		REGISTRAR'S SIGNATURE Missouri		25. FUNERAL DIRECTOR'S SIGNATURE E. Herbig	

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

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DEC 5 1950

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NOV 15 1950

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

E. Sterling Bell

Signed.....

Student Embalmer

Licensed Embalmer No. 3178

P. O. Address 1714 Olive St

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.