

JUL 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. 20806

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2607

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 town) Kansas City	c. LENGTH OF STAY (in this place) 55yrs	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kansas City Nursing Home 3200 Norledge		STREET ADDRESS (If rural, give location) 387I E 6I St. 3798	

3. NAME OF DECEASED (Type or Print) a. (First) Taylor b. (Middle) Grundy c. (Last) Wortham		4. DATE OF DEATH (Month) (Day) (Year) June II, 1956.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 8, 1877/1876
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail Carrier	11. BIRTHPLACE (City and State or Foreign Country) Knobnoster Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Charley Wortham	
13b. MOTHER'S MAIDEN NAME Mary E Harris		14. NAME OF HUSBAND OR WIFE Bertha Grace Wortham	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 497-26-5229	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha Grace Wortham 387I E 61st K.C. Mo.	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism		INTERVAL BETWEEN ONSET AND DEATH Jan-1-56
	ANTECEDENT CAUSES Morbid 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.		332t	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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.)	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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan-1, 1956, to June 11, 1956, that I last saw the deceased alive on June 10, 1956, and that death occurred at 11:50P m., from the causes and on the date stated above.

23a. SIGNATURE G. C. Remley (Degree or title)	23b. ADDRESS 936 Argyle Bldg K C Mo	23c. DATE SIGNED 6-12-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 14-1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah
24d. LOCATION (City, town, or county) (State) Kansas City Mo.		

DATE REC'D BY LOCAL REG. 6-13-56 neva. minshall	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C. L. Forster	ADDRESS Kansas City Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Remley Argyle Bldg.
Vi 2-8873

9.6

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, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *J. Virgil Heers*
Licensed Embalmer No. *551*

P. O. Address *A. C. Mc*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.