S. No. 2
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FEB 2 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 112330

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 315

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

1. PLACE OF DEATH:

(a) County Jackson 2

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 405 Norton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 8 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 405 Norton
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Andrew S. Turley 640

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lilly Mary Turley

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Oct. (Month) 7 (Day) 1882 (Year)

8. AGE: Years 57 Months 3 Days 14 If less than one day hr. min.

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

10. Usual occupation Resturant Empoyee

11. Industry or business

FATHER
12. Name Daniel W. Turley
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Grace Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lilly Turley
(b) Address 405 Norton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park K.C.Mo.

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C.Mo.

19. (a) Jan. 22, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 1-21-40
year hour minute M.

21. I hereby certify that I attended the deceased from 11:00 A.M. Deputy Coroner, 19, to, 19;
that I last saw him alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary congestion

Due to Chronic myocardial infarction

Due to Old coronary occlusion

Other conditions (Include pregnancy within 3 months of death) Coronary Sclerosis 948

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Charles Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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, above space should be left blank.