

No. 2
1940
2145

OCT 11 1940

399

1002

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **5772**

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:
3553 Olive,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO. (Specify whether IV)
In this community Life.OWN,
years, months or days)

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. 3553 Olive,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3rd,
year 1940, hour 10:30 A minute M.

21. I hereby certify that I attended the deceased from
August 13 1940 to Sept. 3 1940
that I last saw her alive on Sept. 2 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Thrombosis
& Left Hemiparesis. /mo.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death)
82B

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN 82B
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? _____

While at work _____ (Specify type of place)
(e) Means of injury 1

23. Signature Stewart Walker (M. D. or other MD)
Address 836 Prof. Bldg. Date signed 9/11/40

3. (a) PRINT FULL NAME Mrs. Henrietta Elizabeth Turner,

3. (b) If veteran, name war no. 3. (c) Social Security No. NO.

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

6. (b) Name of husband or wife Frank W. Turner, 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased January 25 1869.
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name Alexander Stewart,

13. Birthplace Canada, (City, town, or county) (State or foreign country)

14. Maiden name Henrietta Walker, (State or foreign country)

15. Birthplace Maine, (City, town, or county) (State or foreign country)

16. (a) Informant Stewart Turner,
(b) Address Lawrence, Kansas,

17. (a) Burial (b) Date thereof 9-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Sept. 4, 1940 (Date received local registrar) M. M. Brown (Registrar's signature)

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

Dr. Joseph E. Welker,

Prof. B. B. B. B.
V. 1687-164.
W.F.C.

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.....

J. B. Waters

Licensed Embalmer No. *3992*

P. O. Address *K C Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.