

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

Registration District No. **399**

Primary Registration District No. **1002**

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:
4136 Garfield Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -----
(Specify whether
In this community **16 Years**
years, months or days)

3. (a) PRINT FULL NAME **Mr. Robert L. Turnbo**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **496-09-3208**

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

6. (b) Name of husband or wife **Mrs. Hattie T. Turnbo**
6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **August 7 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 1 18 hr. min.

9. Birthplace **McMenville Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Stonemason**

11. Industry or business

12. Name **Andrew Turnbo**

13. Birthplace **West Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Spain**

15. Birthplace **West Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. H. Clark**

(b) Address **4127 Garfield**

17. (a) **Burial** (b) Date thereof **Sept. 28, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **C. H. Neuseman Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **9-27-40** (b) **M. M. Grove**
(Date received local registrar) (Registrar's signature)

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. **4136 Garfield Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **25th**
year **1940** hour **11** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that he died _____, 19____; and that he died on the date and hour stated above. Immediate cause of death _____

Acute pulmonary congestion
Diffuse myocardial fibrosis
Coronary sclerosis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

23. Signature **M. M. Grove** (M. D. or other) _____
Address **1401 Brush Creek Blvd.** Date signed _____

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address H C Sno

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, fact should be so stated above.