

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 months  
(Specify whether years, months or days)  
In this community 1 1/2 yrs

3. (a) PRINT FULL NAME Ellis Turkington

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Edyth 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased June 13 (Month) (Day) (Year)

8. AGE: Years 39 Months 9 Days 3 If less than one day hr. min.

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

10. Usual occupation Restaurant operator

11. Industry or business Self

12. Name Geo. Elmer

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

14. Maiden name Ella Hopper

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

16. (a) Informant Hoop Records  
(b) Address Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-18-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem. Nks.

18. (a) Signature of funeral director R. Sutton

(b) Address Mo

19. (a) 3/18/41 (Date received local registrar) (b) M. M. Crowe (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. 616 Indiana (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th  
year 1941 hour 3 minute 40 M.

21. I hereby certify that I attended the deceased from Dec. 17th 1940 to March 16th 1941,  
that I last saw him alive on March 16th, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of base of mouth and pharynx with draining sinus of angle of left mandible Duration

Due to 45  
Due to 45

Other conditions Hydroperitoneum and hydrothorax  
(Include pregnancy within 3 months of death)

Bronchiectasis

Major findings: Of operations

Of autopsy See above

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 Arney R. Thore (M.D. or other) 3-17-41  
Address Med. Dir. K.C. Gen. Hospital Date signed

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

MOTHER FATHER

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**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.....

*R. A. Roulton*

Licensed Embalmer No. *3503*

P. O. Address..... *Kelso*

**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.**