

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: **St. Joseph's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **42 Days**
(Specify whether years, months or days)
In this community **8 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **1220 East 44th Street** **8**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **-1-** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **22nd**
year **1941** hour **11** minute **30 P.** M.
21. I hereby certify that I attended the deceased from **1936**, 19... to **4/22/41**, 19...
that I last saw her alive on **4/22/41**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pulmonary embolus.**

Due to **Anemia** **131** **1wk.**
Due to **Ch. Hemerules** **131** **1wk?**
Other conditions: **Adenocarcinoma**
gutters cured.

Duration **2dms**
PHYSICIAN
Underline the cause to which death should be attributed statistically.

Major findings: **Pulmonary embolus**
Ch. Hemerules

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **no**
(b) Date of occurrence **no**
(c) Where did injury occur? **no** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

23. Signature: **[Signature]** (M. D. or other)
Address: **1203 Grand Ave** Date signed: **4/23/41**

3. (a) PRINT FULLNAME **Mrs. Corwena H. Turner**

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

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

6. (b) Name of husband or wife **Mr. John E. Turner** 6. (c) Age of husband or wife if alive **----** years

7. Birth date of deceased **December 18 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 **4** **4** hr. min.

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

10. Usual occupation **At Home**

11. Industry or business **----**

12. Name **Unknown Evans**

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

14. Maiden name **Unknown Jones**

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

16. (a) Informant **Mr. Wayne E. Turner**

(b) Address **1220 East 44th Street**

17. (a) **Burial** (b) Date thereof **Apr. 24, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills Cemetery**

18. (a) Signature of funeral director **[Signature]**

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

19. (a) **Apr. 23 1941** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 *H. C. Newcomer Jr*

Licensed Embalmer No. 4049

P. O. Address *KC 910*

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.