

S. No. 2
-11-10-39
5-17-39
I X21482

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27466
State File No. _____
3124
Registrar's No. _____

FILED SEP 12 1941

Registration District No. 399

Primary Registration District No. 1002

8
3
0

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

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. Luke's Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days,
(Specify whether years, months or days)

In this community 50 years, 0
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William H. Turner,

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

3. (c) Social Security No. no.

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

6. (b) Name of husband or wife Frances Turner, 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased December 14 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 8 2 _____ hr. _____ min.

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

10. Usual occupation Insurance,

11. Industry or business _____ x

MOTHER FATHER { 12. Name Benjamin Turner,

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

14. Maiden name Sarah Rice,

15. Birthplace New York, _____
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Turner,

(b) Address 6141 Walnut St., Kansas City, Mo.

17. (a) Burial, (b) Date thereof 8-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

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

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

19. (a) 8/18/41 (b) H. H. Grown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri, (b) County Jackson, 3

(c) City or town Kansas City, 2
(If outside city or town limits, write "RURAL")

(d) Street No. 6141 Walnut St.,
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th,
year 1941 hour 5:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Aug 7, 1941
_____ 19____ to Aug 16 1941;
that I last saw him alive on Aug 16 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach with metastases to liver. Duration _____

Due to 46B

Due to _____

Other conditions Prostatic hypertrophy (benign)
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations no operation

Of autopsy no autopsy

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)

(a) Means of injury _____

23. Signature Helen J. Overholser M.D. (M. D. or other) D

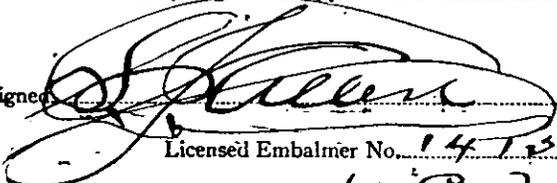
Address 1530 Prof. Bldg. Date signed 8/18/41

10.10.2020
Proth Bedy 1/30
No 3031

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 

Licensed Embalmer No. 1413

P. O. Address K. P. M. O.

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.