S. No. 2
—1-4-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30532 3289

Registration District No. 299 Primary Registration District No. 1002 Registrar's No.

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

48
3
8

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:
Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 2 Years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

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

(d) Street No. 1220 East 40th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country -- 0

3. (a) PRINT FULL NAME Mrs. Lois Turner Lemon

3. (b) If veteran, name war No

3. (c) Social Security No. 496-16-0647

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Mr. Ralph H. Lemon

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased October (Month) 5 (Day) 1907 (Year)

8. AGE:

Years	Months	Days	If less than one day
33	10	26	hr. min.

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

10. Usual occupation Stenographer

11. Industry or business U.S. EPPERSON Underwriting Co

FATHER
12. Name John E. Turner
13. Birthplace Loredo (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Corwena Evans
15. Birthplace Gomar (City, town, or county) Ohio (State or foreign country)

16. (a) Informant W. E. Turner
(b) Address 535 Gladstone Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director D. H. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 9/2/41 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st year 1941 hour 2 minute 20A.M.

21. I hereby certify that I attended the deceased from August 29 1941, to August 31 1941, that I last saw her alive on August 30 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Sub Acute Glomerular Nephritis

Due to 128

Due to

Other conditions Miliary Pancreatic
(Include pregnancy within 3 months of death)
Abscess (Not tuberculous)

Major findings:
Of operations
Of autopsy 128

Duration

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 Harold A. Pallett (M. D. or other) [illegible]
Address 1132 Professional Date signed 9/2/41

(Licensed Embalmer's Statement on Reverse Side)

Dr H. O. Pallett
Professional

AUG 1 1952

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. 4043

P. O. Address K. C. Mo.

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.