

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 2 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40912

State File No. _____

4590

Registrar's No. _____

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:
1802 East 70th Street
(If not in hospital or institution, write street number or location)

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

In this community 17 Years / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1802 East 70th Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? --- 0 years.

3. (a) PRINT FULL NAME Mrs. Hattie T Turnbo

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th
year 1941 hour 1 minute 10 A.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Robert L. Turnbo 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased September 27 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 4, 1941 to Dec. 9, 1941, that I last saw her alive on Dec. 9, 1941, and that death occurred on the date and hour stated above.

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

65 2 12 hr. min.

Immediate cause of death vasculomotorics

Due to Pneumonia

Due to Left Breast Eyes

Other conditions (Include pregnancy within 3 months of death) 20

9. Birthplace McMinnville County Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Frank P. Sanders

13. Birthplace McMinnville Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Lawrence

15. Birthplace McMinnville Tennessee
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Jack Oatman

(b) Address 1802 E. 70th St

17. (a) Burial (b) Date thereof 12-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director W. W. Newcomer
(b) Address City

19. (a) Dec 10 41 (b) M. W. Crowe
(Date received local registrar) (Registrar's signature)

23. Signature W. W. Newcomer (M. D. or other) 0
Address 1402 E. 70th St Date signed 12/9 1941

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

Mrs. Nattie Turnbo
1802 E 70 St.

Dr. John O. Skinner
Bryant Bldg.

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

W. H. H. Simpson
.....
Licensed Embalmer No. *3965*
P. O. Address *Kans. City, Mo.*

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.