

FILED MAY 21 1942
Registration District No. 399

Primary Registration District No. 1002

State File No. 13581

Registrar's No. 1927

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: General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 5-12-42-5-13-42
(Specify whether years, months or days) 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 3411 Gilham Rd.
(If rural, give location)

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

3. (a) PRINT FULL NAME BEULAH TURNER

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1942 hour 11 minute 10 p.m.

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife DONT KNOW

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

7. Birth date of deceased: August 16 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 12 1942 to May 13 1942
that I last saw h. er alive on May 13 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>8</u>	<u>27</u>	hr. _____ min.

Immediate cause of death Uremia

Due to Chronic Glomerular Nephritis

9. Birthplace Reed Lake Arkansas 1
(City, town, or county) (State or foreign country)

Due to 121B

Other conditions (include pregnancy within 3 months of death)

10. Usual occupation Unemployed

Major findings:
Of operations

11. Industry or business

Of autopsy Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Henry Rogers

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

14. Maiden name Mollie

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

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?

17. (a) TUBERCUL (b) Date thereof 5-18-42
(Burial, cremation, or autopsy) (Month) (Day) (Year)

(c) Place: burial or cremation HIGHLAND, KCMO

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

(b) Address 1819 E. 1st St

While at work? (Specify type of place) (e) Means of injury

19. (a) 5-16-42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)
Address Gen. Hosp #2-6006-22 Date signed 5-15-42

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

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. 7876

P. O. Address 1814 15th St NW

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.