S. No. 2
—9-4-41
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PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20468

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2518

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: Lakeside Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days, (Specify whether
In this community 38 years,
years, months or days)

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. 204 North Jackson, 8
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Elizabeth Agnes Turner,
3. (b) If veteran, name war no.
3. (c) Social Security No. no.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Alvin Turner,
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased January (Month) 13 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
76	5	~~10~~ 18	hr. min. 0

9. Birthplace Missouri, (City, town, or county) (State or foreign country)
10. Usual occupation at home,
11. Industry or business x
FATHER
12. Name James C. Boggs,
13. Birthplace West Virginia, (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown,
15. Birthplace Unknown, (City, town, or county) (State or foreign country)
16. (a) Informant Alvin Turner,
(b) Address 204 N. Jackson, Kansas City, Mo.
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 7-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 7-2-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st, year 1942 hour 8:15 minute A. M.
21. I hereby certify that I attended the deceased from May, 1941, to June 1, 1942
that I last saw her alive on July 1, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Endocarditis	5 days
Due to Necrosis left Humerous	6 Months
Due to Fracture left Humerous	12 Months
Other conditions (Include pregnancy within 3 months of death)	

186 a
10

Major findings:
Of operations X
Of autopsy X

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) X Acc 123
(b) Date of occurrence May 1941
(c) Where did injury occur? K K C. (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home X (Specify type of place)
While at work? X (e) Means of injury Fall
23. Signature Sydney J. Johnson (M.D. or other) D.O.
Address 1623 W 9th St Date signed 7/1/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Sid Johnson,

1623 W 9

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 Felix Reny

Licensed Embalmer No. 4127

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.