

FILED DEC 28 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4663

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. 20
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12-7-42-12-10-42
45 years (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 609 Cottage Lane
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

AGNES TURNER

(b) If veteran,
name war None

(c) Social Security
No. None

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dick Turner
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased July 14 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 4 26 hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

12. Name Joe Wright
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Annie Robinson
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2
burial (c) Date thereof 12/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn Cemetery

18. (a) Signature of funeral director Wattkins Bros
(b) Address 1729 Lydia
19. (a) 12-14-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10
year 1942 hour 4 minute 10 p.m.

21. I hereby certify that I attended the deceased from
December 7 1942 to December 10 1942
that I last saw him alive on December 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma Duration
of rectum and cachexia

Due to 4/6 D

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

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

23. Signature J. C. Turner (M. D. or other)
Address Gen. Hoig #2-600 B 22 Date signed 12-12-42

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

MOTHER FATHER

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 Jerome Monahan
Licensed Embalmer No. 3994
P. O. Address 2503 Highland

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.