

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 31 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4707

1. PLACE OF DEATH: Jackson
 (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:
3530 Forest
(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 25 Years

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. 3530 Forest
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JAMES SHERIDAN TURPIN
 (b) If veteran, name war No
 (c) Social Security No. 196-05-0175

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec, day 21
 year 1942 hour 6 minute _____ P. M.

4. Sex Male 5. Color or Race White
 6. (a) Single, widowed, married, divorced 3 divorced Divorced
 (b) Name of husband or wife Ruth Herring
 (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased April 1, 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

8. AGE: Years 41 Months 8 Days 22
21 hr. _____ min.
 If less than one day

Immediate cause of death
Ulcerative Pulmonary tuberculosis

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

Due to _____
 Due to _____
 Other condition _____
(Include pregnancy within 3 months of death)

10. Usual occupation Auto Mechanic

Major findings:
 Of operations _____
 Of autopsy negative & history

11. Industry or business Ford Motor Co.

MOTHER FATHER { 12. Name Sterling Turpin
 13. Birthplace Va.
(City, town, or county) (State or foreign country)

14. Maiden name Alice Baker
 15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Turpin
 (b) Address 616 Norton

17. (a) Burial (b) Date thereof Dec. 23, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Washington

PHYSICIAN
 Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director C. H. Blackmen & Son, Inc.
 (b) Address Kansas City, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

19. (a) 12-23-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

(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) _____
 (e) Means of injury _____

23. Signature [Signature]
 Address [Address]

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

4838

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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. B. Blackman*

Licensed Embalmer No. *3639*

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.