

Registration District No. **149**

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: General Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 days
(Specify whether years, months or days)
 In this community 30 Years

3. (a) PRINT FULL NAME John Turner

3. (b) If veteran, name war No 3. (c) Social Security No. 500-03-8565

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Osa 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov. 5, 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 26 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Retired

12. Name William Turner

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

14. Maiden name Mahala Mullis

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

16. (a) Informant Mrs. Ora Turner

(b) Address 1102 Bellefontaine

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 3, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Freeman, Mo

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo

19. (a) 9-2-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

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. 1402 Bellefontaine
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1
 year 1943 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 19th, 1943 to September 1, 1943
 that I last saw him alive on September 1, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Pistula between colon and bladder-Coronary occlusion

Due to 135 hrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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) (Means of injury)

23. Signature Dr. R. Brown (M. D. or other)
 Address _____ Date signed _____

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

S. No. 2
M-2-43
5-1-43
I 2338

FILED SEP 21 1943

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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..... *W. H. Blackwell*

Licensed Embalmer No. *2244*

P. O. Address.....

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.