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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6371

FILED FEB 24 1944

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 752

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: 1606 EAST 33 RD STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether
In this community 50 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 3

(c) City or town KANSAS CITY 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3764 HIGHLAND AVENUE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -- 0

3. (a) PRINT FULL NAME MRS HELEN OWEN TURNER

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife MR. CURTIS F TURNER

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

7. Birth date of deceased AUGUST (Month) 14 (Day) 1860 (Year)

8. AGE: Years 83 Months 6 Days 0 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business --

FATHER
12. Name WILLIAM OWENS
13. Birthplace HUNTVILLE (City, town, or county) ALABAMA (State or foreign country)

MOTHER
14. Maiden name FRANCES TISDALE
15. Birthplace NASHVILLE (City, town, or county) TENNESSEE (State or foreign country)

16. (a) Informant MRS. ANNA T. JEWETT

(b) Address 1606 EAST 33RD STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 16 1944 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ MT. MORIAH CEM.

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-15-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 14TH year 1944 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan-27-, 1944, to Feb-14, 1944 that I last saw her alive on Feb 1 -, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchio pneumonia	10 days
Due to Myocarditis	5 yrs
Generalized Arteriosclerosis	10 yrs
Due to Cerebral Arteriosclerosis	5 yrs
Other conditions Acute cellulitis Left (Include pregnancy within 3 months of death) Submaxillary salivary gland	
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Carl H Brush (M. D. or other)

Address 106 W 14th St. Mo Date signed Feb-14-44

(Licensed Embalmer's Statement on Reverse Side)

106 West 14th Street

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 C Newcomer Jr

Licensed Embalmer No. 4043

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.