

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

FILED NOV 14 1944

33463

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. Major Clinic)

Registration District No. 149
Primary Registration District No. 1002

File No. _____
Registered No. 4372
St. _____ Ward _____

2. FULL NAME Imogene Turczyn

(a) Residence, No. 501 Semenary St. _____ Ward. Kansas City, Kansas
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lt. C. J. Turczyn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11th. 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 10 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commerical Credit Corp.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 2 Wks

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyandotte Co. Kansas

13. NAME Adna V. West

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Ayre Iowa

15. MAIDEN NAME Emma Sheds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT Lt. C. J. Turczyn (ADDRESS) Ft. Morgan Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 10-30-44

19. UNDERTAKER Gates Funeral Home (ADDRESS) Kansas City, Kansas

20. FILED 10-30-44 P. E. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28th, 1944

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21st, 1944, to Oct. 28th, 1944
I last saw her alive on Oct. 27th, 1944. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Sudden
94a

Other contributory causes of importance:
Cerebral Thrombosis 3 days
Manic Depressive Psychosis (Manic Type) 2 wks

Name of operation None Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Harmon S. Major M. D.
(Address) 3100 Euclid Ave. K.C. Mo

Oct 28th 1944 Tel Lin 7800

STATEMENT OF LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Signed

Wm L Ward

Licensed Embalmer No 3991

P.O. Address 309 E. 67th. K.C. Mo.