

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8844

Registrar's No. 993

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:
K. C. General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mos. 18 days
 (Specify whether
 In this community 10 years
 years, months or days)

3. (a) PRINT
FULL NAMEWilliam Turner3. (b) If veteran,
name war. no3. (c) Social Security
No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married,
 divorced Married
 6. (b) Name of husband or wife Lois 6. (c) Age of husband or wife if
 alive apt 50 years
 7. Birth date of deceased May 1, 1887
 (Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 26
 If less than one day
 hr. min.

9. Birthplace Mo (State or foreign country) D10. Usual occupation Carpenter11. Industry or business Same12. Name H. H. Turner13. Birthplace Mo (State or foreign country) I14. Maiden name Anna Elliott15. Birthplace Mo (State or foreign country) A16. (a) Informant Mrs. Beth(b) Address 3329 Wood17. (a) removal (b) Date thereof 2/27/45
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memphis Mo18. (a) Signature of funeral director Samuel Meyberry(b) Address 2315 Wynwood19. Mar 1, 1945 (b) J. G. Brown
 (Date received local registrar) (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. 3329 Wood (If rural, give location)
 (e) Citizen of foreign country? D (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 27
 year 1945 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from
December 9 1944 to February 27 1945
 that I last saw him alive on February 27 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Primary carcinoma of lung
 Duration

Due to 47d

Due to

Other conditions
 (Include pregnancy within 3 months of death)Major findings:
 Of operationsSee above

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(c) 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? (c) Means of injury
 23. Signature Clark W. Seely (M. D. or other)
 Address Med. Dir. Gen'l Hosp. Date signed 2-27-45

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..... Roy E Snow

Licensed Embalmer No. 2566

P. O. Address. 2315 Lenwood

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.

4
1
2/17