

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

1828

FILED DEC 21 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5028

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Sansou City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Osteopathic Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community 35 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Hannas City
(If outside city or town limits, write "RURAL")

(d) Street No. 4716 1/2 Brook
(If rural, give location)

(e) Citizen of foreign country? U.S.A. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Curtis-bay Turner

3. (b) If veteran, name war 1st World War

3. (c) Social Security No. 491-10-3360

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1945 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov. 27, 1945 to Dec 4, 1945 that I last saw him alive on Dec 4, 1945 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Pearl Turner 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: Oct-2-1892
(Month) (Day) (Year)

Immediate cause of death Peritonitis Duration 7 days

Due to Ruptured, hemorrhous appendix

Due to _____

Other conditions 12:11
(Include pregnancy within 3 months of death)

8. AGE: Years 53 Months 2 Days 2 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation: Painter

11. Industry or business: Harrison & Barton

12. Name: Henry Turner

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

14. Maiden name: Ada Marlow

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

16. (a) Informant: Mrs Pearl Turner

(b) Address: 4716 1/2 Brook

17. (a) Burial (b) Date thereof: Dec-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: A.P. Doshler

(b) Address: 1415 East 15

19. (a) 12-6-45 (b) Genevieve Holmes
(Date received local registrar) (Registrar's signature)

Major findings: no operation

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) X

(b) Date of occurrence X

(c) Where did injury occur? X
(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 _____

While at work? _____

23. Signature: R.P. Boyer D.O. (M.D. or other) _____
Address: 1009 E. 47th St. MO Date signed: Dec 5, 1945

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

1004412

Vand

JAN 7 1946

661 27 538

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 A. P. Doshier

Licensed Embalmer No. 1166

P. O. Address 1415 Gth 15

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.