

**FILED** 11 1948 **STANDARD CERTIFICATE OF DEATH**

State File No. **5913**  
**865**  
Registrar's No.

Registration District No. **149**

Primary Registration District No. **1002**

48  
3  
2  
4302  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County **JACKSON**  
 (b) City or town **KAISAS CITY**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **2214 E 68th ST TERRACE**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 YEAR** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **MISSOURI** (b) County **BATES**  
 (c) City or town **FOSTER**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **ANNA MAY TURNER**  
**3. (b) If veteran,** name war **No**  
**3. (c) Social Security No.** **NOISE**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **FEB** day **18** year **1946** hour **3** minute **00** P.M.  
**21. I hereby certify that I attended the deceased from** **1940**, 19\_\_\_\_, to **Feb 18**, 19**46**  
 that I last saw her alive on **Feb 12**, 19**46**  
 and that death occurred on the date and hour stated above.

**4. Sex** **FEMALE** **5. Color or race** **WHITE** **6. (a) Single, widowed, married,** **2 divorced, WIDOWED**  
**6. (b) Name of husband or wife** **MR. JAMES TURNER** **6. (c) Age of husband or wife if** **77 1/2** years  
**7. Birth date of deceased:** (Month) **SEPT** (Day) **9** (Year) **1867**

Immediate cause of death  
**arteriosclerosis of the brain**  
 Due to **marked malnutrition**  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**8. AGE:** Years **75** Months **5** Days **9** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace:** **OSWEGO, KAISAS**  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** **AT HOME**

**11. Industry or business:** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name:** **UNKNOWN ROBERTS**  
**13. Birthplace:** **UNKNOWN**  
(City, town, or county) (State or foreign country)  
**14. Maiden name:** **HARRIETTE CONNER**  
**15. Birthplace:** **UNKNOWN**  
(City, town, or county) (State or foreign country)

**Major findings:** **97**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant:** **Mrs. Myrtle M. Fisher**  
**(b) Address:** **2214 East 70th St.**

**17. (a) BURIAL** (b) Date thereof **FEB 20 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation:** **FOREST HILL CEMETERY**

**18. (a) Signature of funeral director:** **D. J. Newcomer**

**(b) Address:** **1401 Brush Creek Club**

**19. (a) 2-20-46** (b) **Gertrude Holmes**  
(Date received local registrar) (Registrar's signature)

**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) (c) Means of injury \_\_\_\_\_

**23. Signature:** **Edwin Williams** (M. D. number) \_\_\_\_\_  
 Address **806 Prof. Play 74th** Date signed **2/19/46**

*Profession*

**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 *Charles H. Stork*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

**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.**