

FILED MAR 2 1946 STANDARD CERTIFICATE OF DEATH

State File No. **5914**

Registrar's No. **786**

Registration District No. **149**

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: Eleventh & Grand
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 20 Yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 1222 Askew
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Earnest Rave Turner
 3. (b) If veteran, name war No 3. (c) Social Security No. 487-03-4890

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Edith Turner 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased Aug. 29 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>5</u>	<u>15</u>	_____ hr. _____ min.

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

10. Usual occupation Cement Finisher

11. Industry or business John Rohrer Con. Co.

MOTHER {
 12. Name Edward Turner
 13. Birthplace Alton Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Adaline Cooley
 15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Turner
 (b) Address 1222 Askew

17. (a) Removal (b) Date thereof Feb 17 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wichita Kansas

18. (a) Signature of funeral director Mrs. C. L. Forster
 (b) Address 918 Brooklyn

19. (a) 2-15-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 14
 year 1946 hour 5 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral insufficiency

Due to arterio sclerosis

Due to _____

Other conditions 9503
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy as above
History of hypertension

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) (e) Means of injury 3

23. Signature Jamieson (M: D. or other) _____
 Address 1424 Rufin Rd Date signed 2-15-46

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

4903

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..... *Cordland Merson*

Licensed Embalmer No. *3414*

P. O. Address *918 Brooklyn*

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.