

FILED MAR 14 1946

Registration District No. 146

Primary Registration District No. 3026

State File No.

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
932 So. Noland Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 932 South Noland Avenue
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAE INOLA TURNBULL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Fred Turnbull 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July 30, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 6 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
12. Name Charles E. Hamilton
13. Birthplace Kookuk, Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Viola Robertson
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fred Turnbull
(b) Address Independence, Missouri

17. (a) Burial (b) Date thereof 2/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Coland & Speaks
(b) Address Independence, Missouri

19. (a) 2-10-46 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8, year 1946 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 1 1946 to Feb 8 1946
that I last saw her alive on Feb. 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death:
1 Myocardial Degeneration Duration 3 mo.
2 Arteriosclerosis 1 year
Diabetes mellitus 11 yrs

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

Major findings:
Of operations _____
Of autopsy 41
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) _____
(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 _____
23. Signature John H. Caldwell (M. D. or other) MD
Address 1020 Argyle Kansas City, Mo Date signed 2/10/46

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

5664

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 *Coland R. Sparks*
Licensed Embalmer No. 3604
P. O. Address Independence, Missouri

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.