

No. 2  
2-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. 72 Primary Registration District No. 5289 State File No. 29857 Registrar's No. 101

1. PLACE OF DEATH:  
(a) County Clay  
(b) City or town North Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rural Route # 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 years (Specify whether  
In this community 5 years years, months or days)

3. (a) PRINT FULL NAME MRS. MINNIE TURBROUGH  
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Shirley Turnbough 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Dec 25 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 9 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Ezekial Bloodgood

13. Birthplace New York  
(City, town, or county) (State or foreign country)

14. Maiden name Mathilda Ashcroft

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

16. (a) Informant Shirley R. Turnbough

(b) Address Rural Route #4 - No Kansas City

17. (a) Burial (b) Date thereof 10/2/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Markus and Owen

(b) Address 20 West Linwood R.G.M.

19. (a) Oct 2 - 1946 (b) Beulah Kitchey  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Clay 24  
(c) City or town North Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Route # 4  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 30th day Sept  
year 1946 hour 3:03 minute P M.  
21. I hereby certify that I attended the deceased from  
August 14, 1946 to Sept. 25, 1946  
that I last saw her alive on Sept. 25, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 2 yrs.

Due to

Due to

Other conditions Hypertension  
(Include pregnancy within 3 months of death)  
of undetermined origin

Major findings:  
Of operations  
Of autopsy 94 H  
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? (City or town) (County) (State) X

(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 Beulah Kitchey (M.D. or other)  
Address 14050 B. Hwy Date signed Oct 1/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8;

District File Number

Date Filed

10-5-46

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

*Maudie Cedar*

Licensed Embalmer No.

4016

P. O. Address

20 W. Lincoln

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.