

S. No. 2  
M-543  
v. 5-17-39  
I X33671

**FILED** 2021 1946  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4226

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

**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:  
Osteopathic Hospital 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 15 Hours.  
(Specify whether years, months or days)  
 In this community app. 40 years.

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson 4/8  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 930 Paseo 8  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No) 0  
 If yes, name country: ---

**3. (a) PRINT FULL NAME** CHARLES D. TURNER  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed.  
 6. (b) Name of husband or wife Emma Turner 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased June 18, 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>3</u>	<u>21</u>	hr. min.

9. Birthplace Macon, Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Retired Advertising Man

11. Industry or business  
 12. Name George Turner  
 13. Birthplace Georgia.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Bell  
 15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leta J. Ditty  
 (b) Address 930 Paseo.  
 17. (a) Burial (Burial, cremation, or removal) 10-11-46  
(Date thereof) (Month) (Day) (Year)  
 (c) Place: burial or cremation: Macon, Missouri

18. (a) Signature of funeral director Walter L. Kelly  
 (b) Address Independence, Missouri  
 19. (a) 10-10-46 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 9th  
 year 1946 hour 2 minute 25 P. M.  
 21. I hereby certify that I attended the deceased from 5-15- 1946 to 10-9- 1946  
 that I last saw him alive on 10-9- 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
 Due to Coronary sclerosis  
secondary  
 Due to Pulmonary Embolus  
 Other conditions ---  
(Include pregnancy within 3 months of death)

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

Major findings:  
 Of operations 930  
 Of autopsy ---

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 Richard C. Stark (M.D. or other)  
 Address 10650 1/2 W. 11th Date signed 10-9-46

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**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.....

*Richard L. Taylor*  
4225

..... Licensed Embalmer No.....

P. O. Address.....

*Indy, Mo*

**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.**