

FILED NOV 12 1946

Registration District No. **1002**

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: **401 E 36th /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **28 years**
In this community **28 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Ann Turner**

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 **James W. Turner** 6. (c) Age of husband or wife if alive **unk.** years

7. Birth date of deceased **May 18 1876**
(Month) (Day) (Year)

8. AGE: Years **70** Months **5** Days **9** If less than one day hr. min.

9. Birthplace **England 7**
(City, town, or county) (State or foreign country)

10. Usual occupation **home**

11. Industry or business

MOTHER FATHER

12. Name **John Sampson**

13. Birthplace **England 11**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **England 11**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hugh I. Turner**

(b) Address **Pittsburg, Kansas**

17. (a) **Burial** (b) Date thereof **10-30-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **C.H. Blackman & Son, Inc**

(b) Address **2825 Independence Blvd.**

19. (a) **10-29-46** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 40**
(c) City or town **Kansas City 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **401 E. 36th 8**
(If rural, give location)
(e) Citizen of foreign country? **unknown** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **27**
year **1946** hour minute M.

21. I hereby certify that I attended the deceased from **about**
1938 to **Oct 27 1946**
that I last saw her alive on **Oct 27 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic myocarditis 2 yr.**
Hypertension 3-4 yr.
Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **ASD**

Of autopsy

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)

(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 **0**

23. Signature **J.P. Transmitt** (M. D. or other)
Address **730 Prof. Bldg** Date signed **10/29/46**
RC MD

*Dr. J. J. Farnsworth
Prof. Bldg.*

AUG 30 1954
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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 *Q. H. McFarland*

Licensed Embalmer No. *4397*

P. O. Address *Kansas City 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.