

FILED DEC 31 1946

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40894**  
Registrar's No. **5275**

Registration District No. **147**

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:  
2116 Wabash  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community About 36 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2116 Wabash  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Commodore Turner

3. (b) If veteran, name war no  
3. (c) Social Security No. 487-10-9418

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Idabell Turner  
6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased February 8 - 1886  
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 4  
If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business

12. Name Bowl Turner

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

14. Maiden name W. R. Turner

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

16. (a) Informant Mrs. Idabelle Turner  
(b) Address 2116 Wabash

17. (a) Burial (b) Date thereof 12/16/'46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Staley Bills

(b) Address 1212 Vine St. Kansas City, Mo.

19. (a) 12/16/46 (b) E. Staley Bills  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12<sup>th</sup>  
year 1946 hour 7:30 minute 0 A. M.

21. I hereby certify that I attended the deceased from Dec 11  
1946 to Dec 12 1946  
that I last saw him alive on Dec 12 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: acute myocarditis  
Due to: bronchial asthma

Due to: bronchial asthma

Other conditions: 930  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations: none  
Of autopsy: none

Duration  
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)  
Means of injury \_\_\_\_\_

23. Signature E. Staley Bills (M. D. or other) M.D.

Address 1618 Sydney Date signed 12/16/46

39202  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *E. Sterling Bills*

Licensed Embalmer No..... 3178

P. O. Address 1212 vine St., Kansas Ci

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.