

FILED MAR 1 1949
Registration District No. **199**

Primary Registration District No. **1002**

WRITE PLAINLY—USING 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: **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **35 days**
(Specify whether)

In this community **30 years**
(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. **110 N. Monroe**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Harrison Miller Turner**

3. (b) If veteran, name war **- no**

3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Clara Paxton TURNER**

6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **July 14 1865**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	7	5	

hr. min.

9. Birthplace **Louisville Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Fruit Dispatch Co.**

11. Industry or business **Resident Messenger**

12. Name **James Harrison Turner**

13. Birthplace **Boston Mass.**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Miller**

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

16. (a) Informant **Clara Turner**

(b) Address **110 N. Monroe**

17. (a) **Burial** (b) Date thereof **2-21-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah**

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

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

19. (a) **2-21-48** (b) **Sheraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **19**
year **48** hour **10:12** minute **A**.M.

21. I hereby certify that I attended the deceased from **2-14-48** to **2-19-48** 19**48**.
that I last saw him alive on **2-19-48** and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic pneumonia**

Due to **intestinal obstruction**

Due to **Stenosis**

Other conditions **adhesions**
(include pregnancy within 3 months of death)

Major findings: **intestinal obstruction**

Of operations

Of autopsy **not made**

PHYSICIAN
Underline the cause of 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? (Specify type of place)

While at work? (Specify type of place)

Means of injury

23. Signature **[Signature]** (M. D. **[Signature]**)
Address **915 1/2 S. 1st St. K.C. Mo.** Date signed **2-21-48**

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

OK 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.