. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 20 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8946

Registrar's No. 1097

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 Residence, 812 Benton Blvd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 812 Benton Blvd 8
(If rural, give location) 6

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MISS ANNA E. TURNER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. 8, 1851
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
96	2	29	hr. min.

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

10. Usual occupation Retired Librarian

11. Industry or business

FATHER
12. Name Harry S. Turner
13. Birthplace Strakersville, N. Y.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ermina Olds
15. Birthplace Strakersville, N. Y.
(City, town, or county) (State or foreign country)

16. (a) Informant H. R. Boehmer
(b) Address Sugar Creek, Mo.

17. (a) burial (b) Date thereof 3/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director Geo C Carson
(b) Address Independence, Mo.

19. (a) 3-10-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1948 hour 5:00 minute P M.

21. I hereby certify that I attended the deceased from 3-6-48
, 19, to 3-7-48, 19;
that I last saw her alive on 3-6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion.

Due to Arteriosclerosis

Due to Senility.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓ 94a

Of autopsy ✓

Duration

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? (e) Means of injury I.

23. Signature H A Hockett (M. D. or other) D.O.

Address 4605 Indep Ave. Kansas City, Mo. Date signed 3-9-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Richard T. Shorten; Registered Apprentice No. 423, working under my personal supervision.

Signed R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.