

FEDERAL BUREAU OF INVESTIGATION  
 NATIONAL OFFICE OF VITAL STATISTICS  
 FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. 23180  
 Registrar's No. 2939

Registration District No. 179

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:  
GENERAL HOSP.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 HOURS  
 (Specify whether  
 In this community LIFE  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MO. (b) County JACKSON 48  
 (c) City or town KANSAS CITY  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1716 E. 47 ST. TERR.  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Errett Moseley Turley  
 3. (b) If veteran, name war no 3. (c) Social Security No. unknown

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced SINGLE  
 6. (b) Name of husband or wife NO  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased AUGUST, 21 1929  
 (Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>18</u>	<u>10</u>	<u>15</u>	hr. _____ min.

9. Birthplace MO.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation ELECTRICAL SUPPLY HOUSE  
 11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name JOHN C. TURLEY  
 13. Birthplace MO.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name EMMA MOSELEY  
 15. Birthplace MO.  
 (City, town, or county) (State or foreign country)

16. (a) Informant JOHN C. TURLEY  
 (b) Address 1716 E. 47 TERR.  
 17. (a) REMOVAL  
 (Burial, cremation, or removal) (b) Date thereof 7-8-48  
 (Month) (Day) (Year)

(c) Place of burial or cremation BOONVILLE, MO.  
 18. (a) Signature of funeral director STINE & McCLURE  
 (b) Address KANSAS CITY, MO.  
 19. (a) 7-14-48 Steraldine Holmes  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month 7 day 6  
 year 1948 hour 11:30 minute 0 M.  
 21. I hereby certify that I attended the deceased from no, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture (n.m.o.)  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 170 J-10  
 (Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy no  
History & Inspection  
 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) accident-173  
 (b) Date of occurrence 7-5-48  
 (c) Where did injury occur? K.C. Jackson mo  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? no (Specify type of place) (e) Means of injury Public place  
 23. Signature Jamuel Walker (M. D. or other) Thos. C. Jones  
 Address 1424 Poplar Bldg. Date signed 7-6-48

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.....

*Robert H Reed*

Licensed Embalmer No.....

*3745*

P. O. Address.....

*N.C. 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.**