S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40394

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5013

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community Non-Resident
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME UDELL W. TURNER

3. (b) If veteran, name war No
3. (c) Social Security No. none

4. Sex Ma
5. Color or race Wh
6. (a) Single, widowed, married, divorced Sgl
6. (b) Name of husband or wife XX
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased September (Month) 28 (Day) 1915 (Year)

8. AGE: Years	Months	Days	If less than one day
33	2	8	hr. min.

9. Birthplace Trenton (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Operator
11. Industry or business City Utilities

FATHER
12. Name Calvin C. Turner
13. Birthplace Grundy County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mona S. Ellington
15. Birthplace Grundy County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Herbert D. Turner
(b) Address Trenton Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Trenton, Mo.
18. (a) Signature of funeral director J W Wagner
(b) Address Kansas City, Mo.
19. (a) 12-8-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th year 1948 hour 2: minute 25 P M.

21. I hereby certify that I attended the deceased from November 27, 1948, to December 6, 1948, that I last saw him alive on December 6, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis c̄ Uremia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Small contracted kidneys of chronic glomerulonephritis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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

23. Signature R. Lee Hoffman (M. D. ~~or other~~)
Address 1019 Professional Bldg. Date signed 12/7/48

(Licensed Embalmer's Statement on Reverse Side)

JAN 13 1949

Prof. Bldg.

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 Alvin R. Hunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City M

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.