

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8661

BIRTH NO. 49-215606 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1119

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON 61	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 3	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) 2213 Charlotte Street	
3. NAME OF DECEASED (Type or Print) a. (First) INFANT		b. (Middle) TURNER	
c. (Last) TURNER		4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 16 1949	
5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH FEBRUARY 16 1949
9. AGE (In years last birthday)	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Hours	12. UNDER 2 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI 7	12. CITIZEN OF WHAT COUNTRY? U.S. A.
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME INA TURNER	
14. NAME OF HUSBAND OR WIFE --		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) --	
16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME INA TURNER	
17. ADDRESS 2213 Charlotte Street		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ATELECTASIS OF LUNG		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7620	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/16/1949 , to 2/16/1949 , that I last saw the deceased alive on 2/16/1949 , and that death occurred at 1:05P m., from the causes and on the date stated above.			
23a. SIGNATURE E. Frank Ellis (Degree or title)		23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 3/8/49
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3-11-49	24c. NAME OF CEMETERY OR CREMATORY Leeds Municipal	24d. LOCATION (City, town, or county) (State) Leeds, Johnson Co MO
DATE REC'D BY LOCAL REG. 3-10-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE M. A. Holmes ADDRESS TC MO	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed *Am A Schuyler*

Signed.....
Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address *14 E MD*

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.