

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37291

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4415</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>9 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>205 W. 62nd. St. Terr.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 W. 62nd. Terrace</u>				11. BIRTHPLACE (State or foreign country) <u>Monroe, Virginia</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwin</u> b. (Middle) <u>V.</u> c. (Last) <u>Turney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 16, 1950</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5-28-1895</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dept. Reg. Director GSA-Real Property</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real Property</u>		11. BIRTHPLACE (State or foreign country) <u>Monroe, Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Thomas V. Turney</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Susan Lawson</u>		14. NAME OF HUSBAND OR WIFE <u>Mary M. Turney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>W. W. I</u>		16. SOCIAL SECURITY NO. <u>105-07-2600</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary M. Turney 205 W. 62nd. Terr.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hypertensive heart disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 1/2</u> years  <u>8 1/2</u> years  <u>44 1/2</u> years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Jan., 1950</u> , to <u>October 16, 1950</u> , that I last saw the deceased alive on <u>Oct. 16, 1950</u> , and that death occurred at <u>11:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Geo. K. Landis MD.</u> (Degree or title) <u>George K. Landis, M.D.</u>				23b. ADDRESS <u>1630 Prof. Bldg.</u>		23c. DATE SIGNED <u>10-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-19-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Marks</u>		24d. LOCATION (City, town, or county) (State) <u>Emporium, Pennsylvania</u>	
DATE REC'D BY LOCAL REG. <u>10-19-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-Mc Gilley-Eylar Kansas City, Mo.</u>			

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

DEC 18 1950

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**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of New York }  
County of Columbia } ss.

State File No. 37291-50

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 4415

On this 13<sup>th</sup> day of November, 1950, before me appears George  
K. Landis, who, upon his oath, states that the original record of birth  
death

for Edwin V. Turney died October 16, 1950, in the State of  
Missouri, and which was filed at Kansas City, Mo. on 10-19-, 1950, should be corrected as follows:

Item No. 18a should read 3 yrs.

Instead of hypertensive heart disease - 6 yrs.

Item No. 18b should read 3 yrs.

Instead of arteriosclerosis - 8yrs.

Item No. 22 should read 11:40 P.M.

Instead of 10:30P. M.

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: George K. Landis, M.D. Physician  
Relationship: \_\_\_\_\_

JOSEPH SCHLOSSBERG  
NOTARY PUBLIC, State of New York  
No. 41-8818900  
Qual. in Queens Co., Cert. filed  
with Queens Co. Clk's and Reg.  
Term Expires March 30, 1952

U.S. Naval Hosp. St. Albans, La., N.Y.  
Present Address

Subscribed and sworn to before me this 13<sup>th</sup> day of November, 1950

My Commission expires March 30-1952 Joseph Schlossberg Notary Public.