

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1536

State File No.

FILED JAN 25 1952

124

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|---|--|---|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | | |
| 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) <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>26 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>1730 Lydia</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u> | | | | 3. NAME OF DECEASED (Type or Print) a. (First) <u>Earnest Turner, Jr.</u> b. (Middle) _____ c. (Last) _____ | | | | | |
| 4. DATE OF DEATH <u>Jan. 4, 1952</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | | |
| 8. DATE OF BIRTH <u>Nov. 6, 1925</u> | | 9. AGE (In years last birthday) <u>26</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | | |
| 11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Earnest Turner</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dorothy Purvey</u> | | | |
| 14. NAME OF HUSBAND OR WIFE <u>none</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWII</u> | | 16. SOCIAL SECURITY NO. <u>--</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Earnest Turner</u> ADDRESS <u>1730 Lydia</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock & Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gunshot wound of abdomen</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>8 9/10</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| 21a. ACCIDENT SITE (Specify) <u>suicide</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1800 E 12th</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>K.C. Jackson Mo</u> | | | | | |
| 21d. TIME OF INJURY <u>11/4/52 2:30 PM</u> | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Gunshot wound</u> | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Thos. A. Jones</u> | | | | 23b. ADDRESS <u>1612 E 12th</u> | | 23c. DATE SIGNED <u>1/9/52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1/9/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>1-9-52</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter W. Bess, 18th & Benton</u> | | | | | |

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

APR 15 1952

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 Bruce R. Watkins.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4500.....

P. O. Address 18th & Beaton.....

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.