

No. 2
4-13-40
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FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1476

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 436

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

1. PLACE OF DEATH Jackson
 (a) County Kansas City
 (b) City or town Kansas City
 (c) Name of hospital or institution: 728 Main
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 yrs
 In this community 7 yrs
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 728 Main
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ELLENE TURNER LEWIN

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color W. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Geo. Turner Age of husband or wife if unknown alive _____ years

7. Birth date of deceased Mar 15 1912
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>10</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace Dora Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Wm Conley

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Brewer (b) Address 728 Main

17. (a) Burial (b) Date thereof 1/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Greenlawn

(b) Address 1500 E. 3rd

19. (a) Jan 29 1941 (b) M. H. Crowe
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month _____ day 1-24-41
year _____ hour _____ minute _____

21. I hereby certify that I attended the deceased from 1-4-41 to _____, 19____; that I last saw him/her on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pneumonia and lesions preliminary
 Due to tuberculosis & cavitation (left)
 Due to _____
 Other conditions BB
 (Include pregnancy within 3 months of death)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings: _____
 Of operations _____
 Of autopsy yes

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? _____

While at work? _____ (Specify type of place) _____ (Specify means of injury)

23. Signature Quorthon (M. D. or other) _____
Address K.C. Mo. Date signed _____

REVERSE SIDE

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

John B. [Signature]

Licensed Embalmer No.

3754

P. O. Address

KC 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.