

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 5 1942
42

Registration District No.

Primary Registration District No. 1000

Registrar's No. 6149

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution: State Hospital No 22
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 yrs 5 mo 29 da
(Specify whether years, months or days)

In this community 22 yrs 5 mo 29 da
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 7
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)
If yes, name country England 0

3. (a) PRINT FULL NAME JAMES D. TURNER

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 42 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from Aug - 11
1942 to Nov 27, 1942.
that I last saw him alive on Nov 27, 1942.
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if alive. years (Day) (Year)

7. Birth date of deceased Sept. 6 1875
(Month) (Day) (Year)

Immediate cause of death Myocardial degeneration 1 yr

Due to arteriosclerosis

Due to

Other conditions Nephredema
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

67 2 21 hr. min.

Major findings: Of operations None 930

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Unknown England
(City, town, or county) (State or foreign country)

10. Usual occupation Tobacco

MOTHER FATHER

11. Industry or business.

12. Name Hillman Lerner

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

14. Maiden name Alice Bowman

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

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place) (e) Means of injury

23. Signature Geo. M. Butler (M. D. or other)
Address State Hosp. #2 Date signed 11/27/42

16. (a) Informant Records State Hospital

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 11-30-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation State Hospital Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 13th. & Faraon St., St. Joseph, Mo.

19. (a) 11-30-42 (b) Rose Hergog
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY--USE 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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed

Geo E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri.

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.