

FILED SEP 14 1945

Registration District No.

Primary Registration District No. 1002

Registrar's No. 3430

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

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 618 Brush Creek Boulevard,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 60 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 618 Brush Creek Blvd., 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Arthur P. Tureman

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1945 hour 11:30 minute A. M.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Eily Walpole

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 15 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 4 1945 to Aug 14 1945; that I last saw him alive on Aug 14 1945; and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 2 Days 30 29 If less than one day hr. min.

Immediate cause of death Cerebral arteriosclerosis

Duration

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

Due to

Due to

10. Usual occupation Real Estate

Other conditions (include pregnancy within 3 months of death) 97

11. Industry or business X

MOTHER FATHER {

12. Name Robert W. Tureman

13. Birthplace unknown, 9 (City, town, or county) (State or foreign country)

14. Maiden name Mollie

15. Birthplace unknown, 9 (City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Robert W. Tureman

(b) Address 1319 Commerce Bldg., K.C., Mo.

17. (a) Burial (b) Date thereof 8-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

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?

(Specify type of place)

While at work (c) Means of injury

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-15-45 (b) Heroldine Holme
(Data received local registrar) (Registrar's signature)

23. Signature J.P. [unclear] M.D. (M. D. or other)

Address 1 E. 2nd Date signed 8-17-45

361

Plaza
Bldg

Dr. H. P. Boughnow

SEP 13 1950

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address N. C. 720

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.