. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13404

Registration District No. 191 Primary Registration District No. 1002 Registrar's No. 1874

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: 821 E 9th St Room 308
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48

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

(d) Street No. 821 E 9th St Room 308
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Homer A. Turner

3. (b) If veteran, name war none

3. (c) Social Security Dont know

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased June 8 (Month) 1890 (Day) (Year)

8. AGE: Years 55 Months 10 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation Salesmans

11. Industry or business .....

FATHER
12. Name B. A. Turner
13. Birthplace Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lydia Swigerb.
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant John B Turner
(b) Address Highland Park Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 22-46 (Month) (Day) (Year)
(c) Place: burial or cremation Pearson Ill.

18. (a) Signature of funeral director Parrantino Bros
(b) Address K C Mo

19. (a) 4-22-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1946 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner Acute Coronary Occlusion — Duration

Due to .....

Due to .....

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy See Above

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

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 ..... (e) Means of injury .....

23. Signature O. E. Assher (M. D. or other) MD

Address 2800 Main Date signed 4/22/46

(Licensed Embalmer's Statement on 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. J. S. Walton

Licensed Embalmer No. 2744

P. O. Address. K. C. 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.