

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23265**

Registration District No. **180**

Primary Registration District No. **5572**

Registrar's No. **127**

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Prairie Township**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jackson County Emergency Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6 days**
(Specify whether
 In this community **20 years**
years, months or days)

3: (a) PRINT FULL NAME

Mary F Turner

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced, **widowed**
 6. (b) Name of husband or wife **Samuel I. Turner (deceased)** 6. (c) Age of husband or wife if **alive** years
 7. Birth date of deceased **Oct. 11, 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 8 23 hr. min.

9. Birthplace **Lufkin, Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **Self employed**

MOTHER FATHER

12. Name **William W. Hoper**
 13. Birthplace **Unknown, Miss.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary Jane Lofton**
 15. Birthplace **Lufkin, Tex.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Merle Rogers**
 (b) Address **113 S. Noland, Indep. Mo.**

17. (a) **Cremation** (b) Date thereof: **7/7/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cem. K. C. Mo.**

18. (a) Signature of funeral director **George C. Carson**
 (b) Address **Independence, Mo.**

19. (a) **7-7-48** (b) **Donald C. Earnshaw**
(Date received local registrar) (Registrar's signature) 209

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
 (c) City or town **Independence**
(If outside city or town limits, write "RURAL")
 (d) Street No. **113 S. Noland**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4**
 year **1948** hour _____ minute _____ M.

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

Immediate cause of death **Carcinoma of Left Kidney Pelvis & Metastases**
 Due to _____

Due to _____
 Other conditions **526**
(Include pregnancy within 3 months of death)

Major findings: Of operations **about**
 Of autopsy **about**

Duration

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? _____

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

23. Signature **Donald C. Earnshaw** (M. D. or other)
 Address **81 1/2 E. 1st St. Independence, Mo.** Date signed **5 July 48**

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

3906

JUL 28 1965

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 *R. H. Lisle*

Licensed Embalmer No. 4123

P. O. Address Independence, 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.