

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3181

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>3181</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>30 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>2224 Harrison</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2224 Harrison</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) _____ c. (Last) <u>Turner</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1950</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | | 8. DATE OF BIRTH <u>May 23, 1906</u> | |
| 9. AGE (In years last birthday) <u>44</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u> | | 11. BIRTHPLACE (State or foreign country) <u>Carrollton, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Herman Turner</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Loma Reed</u> | | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>487-10-3357</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Loma Davis 2224 Harrison</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>same</u> DUE TO (c) <u>same</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>same</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>443</u> |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>7-10-1950</u> to <u>7-20-1950</u> , that I last saw the deceased alive on <u>7-18-1950</u> , and that death occurred at <u>Laboratory</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>F. J. Haugh Sr. M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>2200 E. 8th</u> | | 23c. DATE SIGNED <u>7/21/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7/23/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) <u>Carrollton, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>7-22-50</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wathkins Bros. 1729 Lydia</u> | | |

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

Dr. Hanger

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *J. Jerome Munroe*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.