

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43222**
5869

FILED DEC 29 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 46 yrs.		e. STREET ADDRESS (If rural, give location) 8325 WOODLAND	
d. FULL NAME OF HOSPITAL OR INSTITUTION KANSAS CITY TUBERCULOSIS HOSPITAL		3958	

3. NAME OF DECEASED (Type or Print) a. (First) LOTTIE b. (Middle) Sarah c. (Last) TURNER	4. DATE OF DEATH (Month) (Day) (Year) 12-13-1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH JUNE 16, 1878	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) fare lady	10b. KIND OF BUSINESS OR INDUSTRY Pullman Co	11. BIRTHPLACE (City and State or Foreign Country) Platte Co Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Samuel Watkins	13b. MOTHER'S MAIDEN NAME Matilda Cummings	14. NAME OF HUSBAND OR WIFE James Turner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Margaret Ann Dison	ADDRESS 8325 Woodland
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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* (a) PULMONARY TUBERCULOSIS		INTERVAL BETWEEN ONSET AND DEATH 002+
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **NOV. 4, 1953**, to **DEC. 13, 1953**, that I last saw the deceased alive on **DEC. 13, 1953**, and that death occurred at **5:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Edward P. Altman M.D. (Degree or title)	23b. ADDRESS 1030 E. Pacific K.C. Mo	23c. DATE SIGNED 12-13-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-16-53	24c. NAME OF CEMETERY OR CREMATORY Mt. Mariah	24d. LOCATION (City, town, or county) (State) Jackson Co Missouri
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DATE REC'D BY LOCAL REG. 12-14-53	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE France Warnall	ADDRESS K.C. Mo
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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.....
Signature of Student Embalmer

Signed *Russell N. France*.....

Licensed Embalmer No. *4255*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.