

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

16-67

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

36438

JAN 8 1934

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City Mo (No. Menorah Hospital)

Registration District No. 390  
Primary Registration District No. 6

File No. 4350  
Registered No. 4350  
St.          Ward         

2. FULL NAME Frank C. Turner

(a) Residence, No. 111 East 39th St St.          Ward.           
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-6-1867  
7. AGE YEARS 66 MONTHS 2 DAYS 28 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meutone Ind.  
13. NAME John B. Turner  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meutone Ind.  
15. MAIDEN NAME Clara Myers  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Joseph H. Turner  
111 East 39th

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill DATE 11/6/33

19. UNDERTAKER (ADDRESS) O. V. MAST FUNERAL HOME, Inc.  
3146 Main St

20. FILED Nov 6 1933 M. M. Kerome  
dean Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-3-1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20th, 1933, to Nov. 3, 1933  
I last saw him alive on 11-3-, 1933. Death is said to have occurred on the date stated above, at 10:30 a. m.  
The principal cause of death and related causes of importance were as follows:

adenocarcinoma of the rectum  
AD  
1223  
Intestinal obstruction due to cancer growth  
Date of onset about Feb. 1933  
Other contributory causes of importance: Intestinal obstruction - 2 days  
Name of operation Sigmoidostomy Date of Nov. 5, 1933  
What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?          Date of injury         , 19          
Where did injury occur?           
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury           
Nature of injury         

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify           
(Signed) C. D. Jurgman M. D.  
(Address) 1314 Professional Bldg.

Dr. Turman Ed.

Prof. Vi 9335

Res. L\* 0851

2<sup>30</sup> Am ✓ 39 pm