REC'D MAY 10 1939

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

13973
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 1 Registration District No. 399

(b) Township Kaw 2 Primary Registration District No. 1002 Registered No. 1727

(c) or City Kansas City (d) Street No. St. Mary's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Daniel E. Turner

(a) Residence, No. 12 South 9th Street St. ☐ KC Kansas
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Josephine Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 17, 1913

7. AGE: YEARS 25 | MONTHS 6 | DAYS 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Driver
9. Industry or business in which work was done, as saw mill, bank, etc.: Yellow Cab
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Leroy Turner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

MOTHER
15. MAIDEN NAME: Sadie Eberly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. Josephine Turner 12 South 9th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope DATE 4/25/39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): QUIRK & TOBIN CO. Kansas City, Mo.

20. FILED Apr 24 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/21 1939

22. I HEREBY CERTIFY, That I attended deceased from February 19th. 1939 to April 21st. 1939
I last saw h..... alive on April 21st. 1939 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peronitis.	

Other contributory causes of importance:
Pelvic abscess and Empyema.

Name of operation Appendectomy Date of 2/25/39
What test confirmed diagnosis? Laboratory Was there an autopsy?

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) J. S. Snider M. D.
(Address) 1215 Dialto Bld 9

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-19 I X16605

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.