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JAN 17 1941  
Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 277

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Valle Sanitarium - 1500 N. Liberty  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 32 Years

8. (a) PRINT FULL NAME Mr. Frank William Turner, Sr.

8. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs. Henrietta Turner

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased October 25 1868  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>0</u>	<u>14</u>	hr. _____ min.

9. Birthplace Jefferson City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Aetna Life Insurance Co.

12. Name Joseph L. Turner

13. Birthplace Keokuk Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank W. Turner Jr.

(b) Address 811 E. Armour

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Nov. 11 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director O. H. Newcomer, Sone

(b) Address 1401 Brush Creek Blvd.

19. (a) Nov. 9-40 (Date received local registrar)

(b) F. L. Cook (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

Ricardo Apartment Hotel

(d) Street No. 811 East Armour Blvd.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th  
year 1940 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Oct 24, 1940, to Nov 8, 1940  
that I last saw him alive on Nov 6, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Duration 3.0 days

Due to Arteriosclerosis renal jeans

Due to \_\_\_\_\_

Other conditions anemia 9/11 4 week  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations ✓

Of autopsy ✓

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?  
360  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. H. Hickson (M. D. or other) ✓

Address Independence Mo Date signed Nov 9-40

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

RECEIVED

Jackson County Health Dept.,

County File Number.....

Date Filed.....

2:50-5:30

**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 H. C. Newcomer Jr.

Licensed Embalmer No. 40430

P. O. Address N. 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 this body is not embalmed, above space should be left blank.**