

Registration District No. **399** Primary Registration District No. **1602**

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

1. PLACE OF DEATH: **Jackson**
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
616 Indiana
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **15 Yrs.**
 years, months or days)

3. (a) PRINT FULL NAME **Harvey J. Turkington**
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mary Ruth Turkington** 6. (c) Age of husband or wife if alive **32** years
 7. Birth date of deceased **February 18, 1907**
 (Month) (Day) (Year)

8. AGE: Years **34** Months **2** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **Reedsburg, Wisconsin**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Restaurant Owner**

11. Industry or business _____

MOTHER FATHER { 12. Name **George E. Turkington**
 13. Birthplace **Salem, Wisconsin**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Ella Harper**
 15. Birthplace **Wisconsin**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Turkington**
 (b) Address **616 Indiana**

17. (a) **Burial** (b) Date thereof **4/26/41**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Forest Hill Cem.**

18. (a) Signature of funeral director **Quinn and Quinn Co.**
 (b) Address **H.C. Hwy**

19. (a) **Apr 23 1941** (b) **M. M. Crowe**
 (Date received local registrar) (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")
 (d) Street No. **616 Indiana**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **4** day **23** year **1941** hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from **7:20 A.M.** _____, 19____, to _____, 19____;
 that last seen alive on _____, 19____;
 and death occurred on the date and hour stated above.
 Immediate cause of death _____

Due to **Sinchat wound of head**

Due to _____
 Other conditions **11 hrs**
 (Include pregnancy within 3 months of death) **164**

Major findings: _____
 Of operations _____
 Of autopsy **Inspection**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide, (specify) **suicide**
 (b) Date of occurrence **4-23-41**
 (c) Where did injury occur? **K.C. Mo**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 _____ (Specify cause of injury)

23. Signature **Mary Turkington** (M. D. or other) **3**
 Address **14-C Mo.** Date signed _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

DEC 9 1942

EM 276

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 Harold Perry

Licensed Embalmer No. 4897

P. O. Address 20 W. Lincoln

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.