

FILED FEB 11 1942
Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(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 General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days
(Specify whether years, months or days)

In this community 49 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sloane Turgeon

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male race White 5. Color or race White

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 11 1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Lawyer

11. Industry or business _____

MOTHER FATHER { 12. Name Louis A. Turgeon

13. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nellie Howard

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

16. (a) Informant Lee Turgeon

(b) Address 3908 East 10th Street

17. (a) Burial (b) Date thereof 1-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary's Cemetery

18. (a) Signature of funeral director Melody McGilley

(b) Address Kansas City Mo

19. (a) 1/18/42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 517 East 9th St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th
year 1942 hour 6 minute 57 P. M.

21. I hereby certify that I attended the deceased from 12-30-41 to 1-16-42 19____;
that I last saw him alive on 1-16-42 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver with Fatal hemorrhage

Due to _____

Due to 124B'

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy See above

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Dr. R. C. ... Hospital Red. Dip. A.C. Gen. (M. D. or other) _____

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. 267
working under my personal supervision.

Signed J. H. Payne

Licensed Embalmer No. 2189

P. O. Address KC

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.