

Registration District No. 149

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 or institution:
4425 Fairmont Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 2 Years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Harry M. TURNER

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased November 24th, 1940
(Month) (Day) (Year)

8. AGE: Years 2 Months 1 Days 22 If less than one day
.....hr.min.

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

10. Usual occupation None -Baby-

11. Industry or business XXXXXXXXXXXX

12. Name Kenneth E. Turner

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

14. Maiden name Florence Schroeger

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

16. (a) Informant Mr. Kenneth E. Turner.

(b) Address 4425 Fairmont. Ave.

17. (a) Burial (b) Date thereof 1/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley.

(b) Address K. C. Mo.

19. (a) 1-19-43 (b) M. M. Brown
(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. 4425 Fairmont Ave
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 16
year 43 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from home to home 1943
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Severe and thick degree of pneumonia, acute and toxic -
Due to And toxic -

Due House on fire 18K

Other conditions (Include pregnancy within 3 months of death) (House did not fire) - 15

Major findings: Of operations.....
Of autopsy Respiration & healing

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

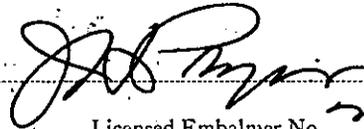
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) President 123
(b) Date of occurrence 1/16/43
(c) Where did injury occur 4425 Fairmont City
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? No (Specify type of place) (e) Means of injury.....
23. Signature Melody 3 1/19/43
Address Calvary Date signed

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, fact should be so stated above.