

Registration District No. 120

Primary Registration District No. 5449

Registrar's No. 73

1. PLACE OF DEATH

(a) County: Gentry - Jackson Township
(b) City or town: King City, 1 1/2 Miles North East
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: Transient
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Johnson
(c) City or town: Olathe, Mary Park
(d) Street No.: Jackson
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME: NORMAN MATTHIAS TURBES

3. (b) If veteran, name was: In service World War #2
3. (c) Social Security No.: unknown

4. Sex: M.O. 5. Color or race: W. 6. (a) Single, widowed, married, divorced: 19

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: 20 years

7. Birth date of deceased: 8-17-1920
(Month) (Day) (Year)

8. AGE: Years: 23 Months: 10 Days: 4 If less than one day: hr. min.

9. Birthplace: Walnut Grove, Minn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation: Pilot U.S. Navy

11. Industry or business

MOTHER FATHER { 12. Name: Matthias John Turbes
13. Birthplace: unknown
14. Maiden name: unknown
15. Birthplace: unknown

16. (a) Informant: Norman R. Good

(b) Address: V.R. 3 N.E.S. Olathe, Kansas

17. (a) (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation: Olathe, Kansas

18. (a) Signature of funeral director: R. G. Gagnant

(b) Address: King City, Mo.

19. (a) 6-24-1944 (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 6 day: 18 year: 1944 hour: 3 minute: 02 PM

21. I hereby certify that I attended the deceased from: viewed body after death
that I last saw him alive on: 19... and that death occurred on the date and hour stated above.

Immediate cause of death: injuries multiple extreme
Due to: 173-8
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Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: June 18 1944
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work: (Specify type of place) (Specify means of injury)

23. Signature: (M.D. or other) Address: Gentry, King City, Mo.

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

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ ^{resurected} by me, or by the informant on Rev. Biele ^{to} _____, Registered Apprentice No. _____
working under my personal supervision.

Signed R. J. Taggart
Licensed Embalmer No. 25-63
P. O. Address King City, 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, fact should be so stated above.