

S. No. 300  
M-10-47  
rv. 5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12931

FILED MAY 7 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1711

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:  
1920 Monroe No. 3  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution no (Specify whether years, months or days)  
 In this community 3 yrs

**3: (a) PRINT FULL NAME** Dennis Lyman Turner  
 3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race Wh  
 6. (a) Single, widowed, married, divorced S 0  
 6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years  
 7. Birth date of deceased 3 12 1945  
(Month) (Day) (Year)

**8. AGE:** Years 3 Months 3 Days 3 If less than one day -- hr. 0 min.

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

**10. Usual occupation** Child

**11. Industry or business**  
 { **12. Name** Harry Lyman Turner  
 { **13. Birthplace** Oakdale, Nebr. (City, town, or county) (State or foreign country)  
 { **14. Maiden name** Rosie Kump  
 { **15. Birthplace** Kansas City, Kans. (City, town, or county) (State or foreign country)

**16. (a) Informant** Harry L. Turner  
 (b) Address 1920 No Monroe

**17. (a)** Burial (b) Date thereof 4/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery, dr  
 (a) Signature of funeral director John P. Sheil  
 (b) Address Kansas City, Mo.

**19. (a)** 4-19-48 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1920 No Monroe  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country --

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month 4 day 15  
 year 1948 hour 4 minute 40 P M.  
**21. I hereby certify that I attended the deceased from**  
Coroner, 19--, to --, 19--;  
 that I last saw h. -- alive on --, 19--;  
 and that death occurred on the date and hour stated above.

**Immediate cause of death**  
Fractured skull  
 Due to Gunshot  
 Due to pedestrian hit by a truck  
 Other conditions --  
(Include pregnancy within 3 months of death)

**Major findings:** 1706-8  
 Of operations 21  
 Of autopsy no  
History & Physical

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) accident 123  
 (b) Date of occurrence 4-15-48  
 (c) Where did injury occur? 7th Jackson Mo  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
pub place  
 While at work? no (Specify type of place)  
 (e) Means of injury auto train  
**23. Signature** funeral home (M. D. or other)  
 Address 1920 No Monroe Date signed 4-16-48

**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.....  
*Charles E. Mayfield*....., Registered Apprentice No. *18*  
working under my personal supervision.

Signed.....  
*John P. Sheel*.....  
Licensed Embalmer No. *3625*  
P. O. Address *K 640*.....

**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.**