

Registration District No. **199**

Primary Registration District No. **1002**

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:  
**GENERAL HOSPITAL #2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 dds.** (Specify whether  
In this community **27 days**  
years, months or days)

3. (a) PRINT FULL NAME **HAROLD TURNER, JR.**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **MALE** 2 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **1948** year

7. Birth date of deceased **APRIL 13 1948**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**29** hr. min.

9. Birthplace **KANSAS CITY MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **INFANT**

11. Industry or business

12. Name **HAROLD TURNER, SR.**

13. Birthplace **MUSKOGEE OKLAHOMA**  
(City, town, or county) (State or foreign country)

14. Maiden name **JUDY WHITE**

15. Birthplace **MUSKOGEE OKLAHOMA**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MOTHER: JUDY TURNER**

(b) Address **1823 East 16th Street**

17. (a) **Blue Ridge Funeral** (b) Date thereof **5/15/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Ridge LAWN**

18. (a) Signature of funeral director **E. Steinhilber**

(b) Address **1212 W. 1st St. KC 202**

19. (a) **5-15-48** (b) **Sheldine Holmes**  
(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** 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1823 East 16th Street** 8  
(If rural, give location) 0  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **12**  
year **1948** hour **1:40** minute **A.** M.

21. I hereby certify that I attended the deceased from **MAY**  
**10**, 19**48**, to **MAY 12**, 19**48**  
that I last saw him alive on **MAY 12**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **GASTRIC ENTERITIS**  
**MESENTERIC LYMPHOID HYPERPLASIA**

Duration

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy **SAME AS ABOVE**

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)

(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 **[Signature]** (M. D. or other)

Address **600 East 22nd Street** Date signed **5/13/48**

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

MOTHER FATHER

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**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..... *E. Sterling Bills*  
Licensed Embalmer No. *3178*  
P. O. Address. *1212 Olive KCMO*

**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.**