S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26642

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 3342

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8/14/48 11:00 am (Specify whether
In this community 8-15/48 3:05 am. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4 (If outside city or town limits, write "RURAL")
(d) Street No. 518 No Osage. 4 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME Grady Turnage (Jr)
3. (b) If veteran, name war —
3. (c) Social Security No. None.
4. Sex M. O
5. Color or race W.
6. (a) Single, widowed, married, divorced Single O
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June (Month) 26 (Day) 1948 (Year)

8. AGE: Years	Months	Days	If less than one day
—	1	19	hr. min.

9. Birthplace K. C. (City, town, or county) Mo. (State or foreign country) O
10. Usual occupation Child.
11. Industry or business —
FATHER
12. Name Grady E. Turnage Sr.
13. Birthplace Gould (City, town, or county) Ark (State or foreign country) 1
MOTHER
14. Maiden name Marion M. Howard
15. Birthplace Chandler (City, town, or county) Okla (State or foreign country) 1
16. (a) Informant Grady E. Turnage Sr.
(b) Address 518 No Osage, Indep. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cem.
18. (a) Signature of funeral director Dixon L. Taylor
(b) Address Indep. Mo.
19. (a) 8-16-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 15 year 48 hour 3 minute 05 P.M.
21. I hereby certify that I attended the deceased from 8/14, 1948, to 8/15, 1948 that I last saw him alive on 8/14, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophic Pyloric Stenosis — Duration
Due to Dehydration, Acidosis.
Due to Malnutrition
Other conditions (Include pregnancy within 3 months of death) 118
Major findings: Of operations
Of autopsy Hypertrophic Pyloric Stenosis

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) O
(b) Date of occurrence O
(c) Where did injury occur? O (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Sidney H. Kelly (M. D. ~~or other~~)
Address 711 Alameda Rd Date signed 8/15

(Licensed Embalmer's Statement on Reverse Side)

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 Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Indep. 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.