

FILED NOV 4 1948

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4067

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:
111 East 70th Terr
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 82 yrs.
years, months or days

3. (a) PRINT FULL NAME MRS. JODIE L TURGEON

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John W Turgeon 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 19 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 16 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name James Tobin
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Alice Kennaly
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Cy Turgeon
(b) Address 22 West 74th

17. (a) Burial (b) Date thereof 10/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Duich & Tobin Co

(b) Address 20 West Linwood

19. (a) 10-6-48 (b) Geraldine Holmes
(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. 111 East 70th Terr
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day Oct
year 1948 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan
1919, to Oct 4, 1948
that I last saw her alive on Oct 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration 10 yrs
25 yrs

Due to Arterio sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 930

Of autopsy _____

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) no
(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)
(a) _____ (b) Means of injury _____

23. Signature E. W. Slusher E. W. Slusher
(M. D. or other) (M. D. or other)
Address 900 Rialto Bldg KC Mo Date signed 10-5-48

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 by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Edward W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas 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.