

FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23181

Registrar's No. 2917

Registration District No. 149

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:
 ST LUKE'S HOSP. (U)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 DAYS
 (Specify whether
 In this community SINCE 1896
 years, months or days)

3: (a) PRINT FULL NAME FREDERICK H. TURNER

3. (b) If veteran,
name war NO3. (c) Social Security No.
483-09-16394. Sex M O 5. Color or race W / 6. (a) Single, widowed, married,
divorced MARRIED6. (b) Name of husband or wife MRS. ALICE S. TURNER 6. (c) Age of husband or wife if
alive 76 years7. Birth date of deceased AUG. 12. 1869
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
78 11 0 hr. min.9. Birthplace Iowa I
(City, town, or county) (State or foreign country)

10. Usual occupation MGR'S AGENT

11. Industry or business P. H. Turner + Son

12. Name Samuel Turner

13. Birthplace Iowa I
(City, town, or county) (State or foreign country)

14. Maiden name Susan Allen

15. Birthplace Iowa I
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ALICE S. TURNER

(b) Address 3701 BELLEVIEW

17. (a) BURIAL (b) Date thereof 7-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT WASHINGTON

18. (a) Signature of funeral director STINE & McCLURE

(b) Address K. C. Mo.

19. (a) 7-15-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County JACKSON 48
 (c) City or town KANSAS CITY 8
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3701 BELLEVIEW (U)
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1948 hour 11 minute 15 P. M.21. I hereby certify that I attended the deceased from
PATHOLOGIST 19that I last saw h alive on 19
and that death occurred on the date and hour stated above.Immediate cause of death PERITONITIS
GENERALIZED NEPHRITIS,
FOCALDue to GANGRENOUS ILEUM
SURGICALLY REMOVED

Due to PNEUMONIA

Other conditions (Include pregnancy within 3 months of death) 1228

Major findings: Of operations 30 IN SEGMENT AT TERMINAL
ILEUM GANGRENOUS DUE TO FIBROS
Of cause B.A.N.D.
SAME AS C. OF D. 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 1)
Signature J. C. Holmes (M. D. or other)
Address St. Luke's Hospital Date signed

13 July 1948

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 *W. T. Oliver*

Licensed Embalmer No. *475-*

P. O. Address *K. C. W.*

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.