

DEC'D FEB 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3487
Do not use this space.

1. PLACE OF DEATH

(a) County Phelps Registration District No. 677
(b) Township Ralla Primary Registration District No. 4403 Registered No. 9
(c) City Ralla (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

65 1/2 Wm Chas. Althrop Turner
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lola Pryor Turner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 6 17
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Policeman
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo
13. NAME W. A. J. Turner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Mo
15. MAIDEN NAME Mary Jane Arnett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
17. INFORMANT (ADDRESS) Mrs. W. A. Turner
Ralla Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Rock Cemetery DATE 2/5 1939
19. FUNERAL DIRECTOR (ADDRESS) Mrs. Harry McCaw
Ralla Mo
20. FILED Feb. 5 1939 Geo. F. Oyer
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1939
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
mytrial Rejuvenation Date of onset _____
Other contributory causes of importance: 97W
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Orville L. Schelker M. D.
600 (Address) 17 James St

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Robert F. McCaw, Licensed Embalmer No. 3953

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Robert F. McCaw

..... Licensed Embalmer No.

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.)