

DEC 11 1939

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

39020
Do not use this space.

1153

1. PLACE OF DEATH

(a) County Buchanan Registration District No. _____
(b) Township _____ Primary Registration District No. 205 Registered No. _____
(c) City St. Joseph (d) Street No. Missouri Methodist Hospital 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. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Abbie Turner
(a) Residence, No. _____ St. Halls, Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Buland Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 7 - 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Brown County |
(STATE OR COUNTRY) Kansas |

13. NAME J. V. Davidson |
14. BIRTHPLACE (CITY OR TOWN) Unknown |
(STATE OR COUNTRY) Kentucky |

15. MAIDEN NAME Laura Crouch
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

17. INFORMANT J. V. Davidson
(ADDRESS) Route # 1, Halls, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Sugar Creek Cem. DATE Nov. 10, 1939

19. FUNERAL DIRECTOR (NAME) Clark Mortuary
(ADDRESS) 5025 King Hill Ave.

20. FILED 11-9-39 A. H. Hatcher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1939 to Nov 8 1939
I last saw him alive on Nov 8 1939. Death is said to have occurred on the date stated above, at 8:50 p.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis - Acute - Influenza Date of onset 10 days

Other contributory causes of importance: Influenza 2 weeks

Name of operation none Date of _____
What test confirmed diagnosis? Obit Was there an autopsy? no

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? no
If so, specify _____
(Signed) W. H. Hatcher, M. D.
(Address) 307 1/2 S. 1st St.

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.

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, ~~on~~ Nov. 8, 1939.

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

Signed Earl A. Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph, 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, above space should be left blank.