

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 12FPrimary Registration District No. 3783Registrar's No. 14

1. PLACE OF DEATH:

- (a) County CAPE GIRARDEAU
 (b) City or town Rural (Whitehurst)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) _____
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days LIFE TIME8. (a) PRINT FULL NAME Ellen White Turner 157

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased FEBRUARY 14 1867
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
73 2 1 00 hr. 00 min.9. Birthplace CAPE GIRARDEAU MISSOURI
(City, town, or county) (State or foreign country)10. Usual occupation DOMESTIC

11. Industry or business _____

12. Name CHARLES TURNER
 13. Birthplace UNKNOWN 9
 (City, town, or county) (State or foreign country)
 14. Maiden name MARY TALLEY
 15. Birthplace TENNESSEE 1
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J F Jones(b) Address Millersville17. (a) Burial (b) Date thereof 4-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation OLD SALEM CEME18. (a) Signature of funeral director MARCKE WILSON-STALLEY(b) Address JACKSON MO19. (a) 4-16-40 (b) D. G. Seibert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County CAPE GIRARDEAU
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) _____
 (e) If foreign born, how long in U. S. A.? ✓ _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1940 hour 10 minute 0 A. M.21. I hereby certify that I attended the deceased from Jan
17, 1934, to April 15, 1940;
that I last saw her alive on April 15, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Myo-Carditis 1 year
Due to _____Due to _____
Other conditions None 920
(Include pregnancy within 3 months of death)Major findings: None
Of operations ✓
Of autopsy None

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? 120

23. Signature Old [unclear] (Specify type of place) (e) Means of injury _____
Address JACKSON MO (M. D. or other) _____
Date signed 4-16-40

19511 WHERE I BELIEVE I CAN BE OF SERVICE TO YOU PLEASE WRITE TO ME AT THE ADDRESS ABOVE

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.