

No. 2
4-12-40
5-17-39
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FILED MAY 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15041

State File No.

Registration District No. 477

Primary Registration District No. 4286

Registrar's No. 404

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Canton
(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 50 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town Canton 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years. 0

3. (a) PRINT FULL NAME William Marshall Turley

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Jones

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

7. Birth date of deceased November 28, 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>5</u>	<u>1</u>	_____ hr. _____ min.

9. Birthplace Williamsville / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Manufacturer

11. Industry or business Mississippi Valley Broom Factory

MOTHER FATHER { 12. Name Charles Turley

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

14. Maiden name Louisa England

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

16. (a) Informant Mrs. O. J. Marks

(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof 5/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton, Mo.

18. (a) Signature of funeral director Earl H. Purley

(b) Address Canton, Mo.

19. (a) Apr. 30, 1941 (b) P. W. Jennings, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1941 hour 4 minute 0 P. M.

21. I hereby certify that I attended the deceased from 5-17, 1941 to 4-29, 1941;
that I last saw him alive on April 29, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Coronary Thrombosis

Due to _____

Other conditions (include pregnancy within 3 months of death) 94 1/2

Major findings: Of operations _____

Of autopsy _____

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury 2

23. Signature P. W. Jennings (M. D. or other) MD

Address Canton Mo Date signed 4-3-41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 5-41-961

Date Filed MAY 20 1941

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 Earl H. Buckley

Licensed Embalmer No. 2615

P. O. Address Canton, 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.