

FILED OCT 2 1941

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2413 Felix Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 74 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 2413 Felix Street,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Raymond Turner,

3. (b) If veteran, name war None 3. (c) Social Security No. 488-14-9012

4. Sex - Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Estelle B. Turner, 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased August 6, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 1 14 hr. min.

9. Birthplace Richmond, Virginia,
(City, town, or county) (State or foreign country)

10. Usual occupation Sec'y-Treas.

11. Industry or business Combe Printing Co.

MOTHER FATHER { 12. Name Unknown,
13. Birthplace Unknown,
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Golden,
15. Birthplace Alexandria, Maryland,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles R. Turner
(b) Address 2413 Felix Street,

17. (a) Cremation (b) Date thereof 9/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Walter B. Bouman
(b) Address 319 So. 10th. Street,

19. (a) 9-22-1941 (b) W. J. Neathel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th.
year 1941 hour 4:00 minute 23p. M.

21. I hereby certify that I attended the deceased from 9-19- 1941 to 9/20 1941;
that I last saw him alive on 9/19- 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Duration _____

Due to Cancer prostate.
arterio-sclerosis -

Due to _____

Other conditions ✓
(Include pregnancy within 3 months of death) 51B

Major findings: Of operations None
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? ✓

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature B. B. Simmons (M. D. or other) W. J.
Address Pop. St. Francis, St. Joseph, Mo. Date signed 9/21/41

SEP 29 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 9-20-41

Registered Apprentice No. _____

working under my personal supervision.

Signed Wm B Summerfield

Licensed Embalmer No. 3009

P. O. Address 319 So 10 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, fact should be so stated above.