

S. No. 2
M-543
v. 5-17-39
I X36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40758**

FILED JAN 9 1945

Registration District No. **43**

Primary Registration District No. **405 3007**

Registrar's No. **397**

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler

(c) City or town Neelyville
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME A. L. C. TURNER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1944 hour 10 minute PM

21. I hereby certify that I attended the deceased from Dec 14 1944 to Dec 14 1944
that I last saw him alive on Dec 14 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race COLORED

6. (a) Single, widowed, married divorced

6. (b) Name of husband or wife Velair Conley Turner 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Dec 23 1904
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE:

Years	Months	Days	If less than one day
<u>39</u>	<u>11</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Neelyville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant (bro.)

MOTHER FATHER

11. Industry or business _____

12. Name Fabe Turner

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

14. Maiden name Mary Hicks

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

16. (a) Informant George Turner

(b) Address Neelyville, Mo

17. (a) Burial (b) Date thereof Dec 18 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neelyville Mo

18. (a) Signature of funeral director Wynnie Dick

(b) Address Neelyville Mo

19. (a) 12-19-44 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

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? _____

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

Signature J J Farr (M. D. or other) _____

Address Neelyville Mo Date signed Dec 17 1944

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 145-34

Date Filed 1-5-45

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 Sydney McCord

Licensed Embalmer No. 4279

P. O. Address Naylor 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..