

JAN 25 1938

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

46966
Do not use this space.

1. PLACE OF DEATH

(a) County Stone Registration District No. 846
(b) Township Hurley Primary Registration District No. 6283 Registered No. 1
(c) City (d) Street No.
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mo. ds.

2. PRINT FULL NAME

Charles Howard Turner

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pauline Meritt Turner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31 - 1909
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 10 26
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer.
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) (STATE OR COUNTRY) Mo.

FATHER 13. NAME Henry Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Martha Cloud

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mr. Alfred Masher, Billings, Mo. R#1

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright's Chapel DATE Dec. 28 - 1937

19. FUNERAL DIRECTOR (ADDRESS) J. W. Maples, Clover, Mo.

20. FILED 1-10-38 H. J. Turner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27th 1937

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1937, to Dec 27, 1937. I last saw live on Nov 10, 1937. Death is said to have occurred on the date stated above, at 10:30 A. M.

The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lungs and Throat

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? X

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? X
If so, specify
(Signed) J. H. Wade, M. D.
(Address) Gark

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, J. H. Maples, Licensed Embalmer No. 2985

hereby certify that the body recorded on the reverse side of this certificate ~~was embalmed~~ ^{not embalmed} by.....

.....L. E.

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

Signed J. H. Maples
.....
Licensed Embalmer No.....

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.)