

DEC'D JUL 14 1938

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

21380

Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township _____ Primary Registration District No. 1001 Registered No. 638
(c) City St. Joseph, (d) Street No. 1124 1/2 Ridenbaugh, St. _____
(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. mos. ds.

2. PRINT FULL NAME Smith Turner, b5b
(a) Residence, No. 1124 1/2 Ridenbaugh, 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) Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bella Mae Turner,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 11, 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 6 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Musical Director
9. Industry or business in which work was done, as saw mill, bank, etc. Bands etc.
10. Date deceased last worked at this occupation (month and year) June 1938. 11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe, 0
Missouri, 1

FATHER 13. NAME William Turner,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bath, 1
Illinois,

MOTHER 15. MAIDEN NAME Louise Franklin Cobb,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palestine,
Illinois,

17. INFORMANT Mrs. Smith Turner
(ADDRESS) 1124 1/2 Ridenbaugh Str.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Mem. Pk. DATE June 20th, 38

19. FUNERAL DIRECTOR Heaton Bell & Bow
(ADDRESS) 319 So. 10th. Str. Funeral H.

20. FILED 420 38 J. J. Speckle
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mich. 58 to June 17, 1938

I last saw him alive on June 17, 1938 Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Nephritis (Chronic)
Nephrosis
121
Other contributory causes of importance: Metabolic Disease
Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no
If so, specify _____

(Signed) J. M. Callaway, M. D.

(Address) Centers Rd.
St. Joseph, Mo

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerville

Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myrtle June 17, 191

L. E.

No. 4 of by _____
working under my personal supervision.

Signed W. E. Summerville
Licensed Embalmer No. 3007

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.)