REC'D MAY 18 1939

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

14618
Do not use this space.

1. PLACE OF DEATH

(a) County Clay 2 — Registration District No. 198

(b) Township F. River — Primary Registration District No. 3011 — Registered No. 59

(c) City Ex Springs — (d) Street No. ..... 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 656 Jesse Miles Turner

(a) Residence, No. 710 Park Excelsior Spgs. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Pearl Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 10 - 1880

7. AGE: YEARS 58 — MONTHS 6 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Live Stock
9. Industry or business in which work was done, as saw mill, bank, etc. Dealer
10. Date deceased last worked at this occupation (month and year) Ap 27 - 1939
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay Co Mo

FATHER
13. NAME: Louis A. Turner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Alice Dagley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay Co Mo

17. INFORMANT (ADDRESS): Mrs Pear Turner, Excelsior Springs

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: April 29th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Herbert Hope, Excelsior Springs Mo

20. FILED Apr 29, 1939 Lorena McClure
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 27, 1939

22. I HEREBY CERTIFY That I attended deceased from April 26, 1939, to April 27, 1939
I last saw him alive on April 27, 1939 Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:
Coronary occlusion at 10 P.m. died 1 PM - 4 - 27 - 39 — Date of onset 4/27/39

Other contributory causes of importance: General Arterio sclerosis - BP 240/120

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

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) G. D. Craven, M. D.
(Address) Excelsior Spring Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa

RECEIVED
District Health Officer No. 8,
District File Number 5/3/39
Date Filed

1939 - 4 - 27
67 - 6 - 24
1871 - 10 - 3

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, Herbert Hope, or by

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

Signed Herbert Hope

Licensed Embalmer No. 3199

P. O. Address Excelsior Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.