

REC'D MAY 18 1939

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

14648  
Do not use this space.

## 1. PLACE OF DEATH

(a) County CLAY Registration District No. 201  
(b) Township LIBERTY Primary Registration District No. 5280  
(c) City..... (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 640 ROBERT E. TURLEY

(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 <b>MALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>MARRIED</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>RUBY RUTH TURLEY</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>2-23-1902</b>		
7. AGE YEARS <b>36</b>	MONTHS <b>8</b>	DAYS <b>7</b>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>auto body</b>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>workman</b>	
	10. Date deceased last worked at this occupation (month and year).....	
	11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN)..... <b>Va</b> (STATE OR COUNTRY) <b>1</b>		
FATHER	13. NAME <b>FRED H. TURLEY</b> <b>1</b>	
	14. BIRTHPLACE (CITY OR TOWN)..... <b>VA?</b> (STATE OR COUNTRY) <b>1</b>	
MOTHER	15. MAIDEN NAME <b>SUSA CUBINE</b>	
	16. BIRTHPLACE (CITY OR TOWN)..... <b>VA.</b> (STATE OR COUNTRY)	
17. INFORMANT <b>W. A. TURLEY</b> (ADDRESS) <b>3215 E. 44th. K. C. MO</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>LIBERTY MO.</b> DATE <b>4-4-1939</b>		
19. FUNERAL DIRECTOR <b>HESSEL - CORDER</b> (ADDRESS) <b>LIBERTY MO.</b>		
20. FILED <b>4-4-</b> 19 <b>39</b> , <b>E. T. Brant</b> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MARCH 30 1939**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
I last saw him alive on March 29 19..... Death is said to have occurred on the date stated above, at March 30  
The principal cause of death and related causes of importance were as follows:  
**Carbon Monoxide Gas from automobile. Self administered. Suicide**  
Date of onset

Other contributory causes of importance: **164**

Name of operation **NO** Date of **NO**  
What test confirmed diagnosis? **See body** Was there an autopsy? **NO**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **Self administered** Date of injury **March 30, 1939**  
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 **Carbon Monoxide Gas**  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **NO**  
If so, specify **None**  
(Signed) **W. A. Turley** M. D.  
City **Liberty** County **Clay** State **Missouri**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
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.

APR 16 1942

AUG 1 1949

AUG 2 1946

3/2/39  
District File Number

District Health Officer No. 8,

RECEIVED

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

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.)**