

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.

1939 JUN 0 1939

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

22523
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467
 (b) Township Aurora Primary Registration District No. 4280 Registered No. 37
 (c) City Aurora (d) Street No. 415 W. College 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Edward C. Turner

(a) Residence, No. 415 W. College St 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 Velma Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 6 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miller
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired.
 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) Missouri

FATHER 13. NAME Wilerv Turner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER 15. MAIDEN NAME Mary Hawkins
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Mrs. Velma Turner
Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE June 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. F. King
Aurora Mo.

20. FILED 7-1 1939 R. D. Cowan, M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1938 to June 9 1939
 I last saw him alive on June 6 1939. Death is said to have occurred on the date stated above, at 6.15 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset not known

Other contributory causes of importance:

Name of operation Date of operation
 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
 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. Smith M. D.
418 (Address) 121 N. Pleasant Avenue Mo.

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

Herman Purridge

Licensed Embalmer No. *3072*

P. O. Address *Aurora 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, above space should be left blank.