

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

33785
Do not use this space.

1. PLACE OF DEATH

(a) County Warren Registration District No. 881
 (b) Township _____ Primary Registration District No. 4534 Registered No. 39
 (c) City Warrenton (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. mos. ds.

2. PRINT FULL NAME 615th Ellen M. 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED MARRIAGE (OR) WIFE OF John B. Turner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 25, 1860
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 4 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife
 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) Croydon, (STATE OR COUNTRY) England

FATHER 13. NAME George Barton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Pennelope Poile

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

17. INFORMANT (ADDRESS) Mrs. Cora McKissick
Warrenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrenton, Mo. DATE 9/24/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F.W. NIEBURG & SON
WARRENTON, MO.

20. FILED Sept. 24 1939 at Warrenton
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Sept 21, 1939
 I last saw him alive on Sept 20, 1939. Death is said to have occurred on the date stated above, at 4:45 P.M.

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

Senility - Infirmitas senilis Date of onset

Other contributory causes of importance:

Hypertension - arterial

Name of operation None Date of _____
 What test confirmed diagnosis? None 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) Charles L. Harca, M. D.
 (Address) Warrenton, Mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~of~~.....
....., Registered Apprentice No.
working under my personal supervision.

Signed John F. Neberg
Licensed Embalmer No. 38970
P. O. Address Warrenton, M

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.