

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.

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

35644

Do not use this space.

1. PLACE OF DEATH *Callaway 1003*
 (a) County *Callaway* Registration District No. *104*
 (b) Township *1* Primary Registration District No. *3008* Registered No. *278*
 (c) City *Fulton* (d) Street No. *State Hospital* 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. *3* mos. *3* ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *656 George Turner*
 (a) Residence, No. *Wyaconda Mo* 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 <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>M</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Emily Turner</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>W.K.</i>		
7. AGE YEARS <i>78</i>	MONTHS <i>UK</i>	DAYS <i>UK</i>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
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) (STATE OR COUNTRY) <i>Pattidge Mo</i>		
13. NAME <i>Wilton Turner</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>W.K.</i>		
15. MAIDEN NAME <i>Mary McMatomy</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>W.K.</i>		
17. INFORMANT (ADDRESS) <i>State Hosp #1 Records Fulton Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Fahoka Mo</i> DATE <i>Oct 6 1939</i>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>Leo F. Wallace Fulton Mo</i>		
20. FILED <i>Oct 6 1939</i> <i>R. N. Crews</i> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>10-6-39</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>July 3 1939</i> to <i>Oct-6 1939</i> I last saw him alive on <i>10/6 1939</i> Death is said to have occurred on the date stated above, at <i>3:17 p.m.</i> The principal cause of death and related causes of importance were as follows: <i>Acute Myocarditis</i> <i>Angina</i> Other contributory causes of importance: <i>Dehydration</i> <i>Wet moccasins</i> <i>Senile Ray Choni</i>
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? <i>1</i>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <i>No</i> 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? <i>No</i> If so, specify _____ (Signed) <i>Geo. J. Wood</i> M. D. (Address) <i>State Hosp #1 Fulton Mo</i>

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

Harold J. Christey

Licensed Embalmer No.

400 G

P. O. Address

Dutton, 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.