

FEB 15 1940

Registration District No. 548

Primary Registration District No. 4323

Registrar's No. 71

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Palmyra
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Palmyra
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME JESSIE LEE TURNER
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 28
year 1939 hour 8:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from Dec 12
_____ 1939 to Dec 28 1939

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Charles Turner 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 12 1891
(Month) (Day) (Year)

that I last saw or alive on Dec 28 1939
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage Duration 30 Min

8. AGE: Years 48 Months 1 Days 16 If less than one day _____ hr. _____ min.

Due to Had Slight Stroke Dec 13 - 39
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Marion Co Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Wm Barnette
13. Birthplace Marion Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Edwige Hawkes
15. Birthplace Marion Co Mo.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant's own signature Chas. Turner
(b) Address Palmyra, Mo.
17. (a) Burial (b) Date thereof Dec. 31 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(Specify type of place)
While at work? _____ (c) Means of injury _____
23. Signature W. G. Boiler (M. D. or other) _____
Address Palmyra Mo. Date signed _____

(c) Place: burial or cremation Greenwood Cem Palmyra Mo
18. (a) Signature of funeral director C. J. Spear
(b) Address Palmyra Mo.
19. (a) Dec. 30 1939 (b) Gertrude Lee
(Date received local registrar) (Registrar's signature)

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.

1 X1981 MISSOURI STATE BOARD OF HEALTH—BLACK INK—MAKE A PERMANENT RECORD

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed E. J. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra 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.