DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6584

Registration District No. 312 Primary Registration District No. 4188 Registrar's No.

1. PLACE OF DEATH:

(a) County GENTRY

(b) City or town KING CITY (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 35 years

3. (a) PRINT FULL NAME MRS. SARAH ELLEN TURNER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SHERMAN TURNER

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased JULY (Month) 24 (Day) 1868 (Year)

8. AGE: Years 71 Months 6 Days 28 If less than one day hr. min.

9. Birthplace BARNARD (City, town, or county) MO (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER 12. Name HENRY DORST

13. Birthplace POMERY (City, town, or county) OHIO (State or foreign country)

MOTHER 14. Maiden name RHODA KELLOGG

15. Birthplace ROSENDALE (City, town, or county) MO (State or foreign country)

16. (a) Informant's own signature Mrs. Ray O'Grady

(b) Address Maryville, Mo

17. (a) KING CITY (Burial, cremation, or removal) (b) Date thereof 2-24 1940 (Month) (Day) (Year)

(c) Place: burial or cremation King City Mo

18. (a) Signature of funeral director J. Fred Jenkins

(b) Address Savannah Mo

19. (a) 2/24/40 (Date received local registrar) (b) Donald O. Gerk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry

(c) City or town King City (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1940 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 12, 1939 to Feb 22, 1940 that I last saw her alive on Feb 22, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Asphyxia	
1st attack	11/12/39
Second attack	2/22/40
Due to Arteriosclerosis	
Due to —	
Other conditions (Include pregnancy within 3 months of death) —	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury —

23. Signature L. S. Blackstock (M. D. or other)

Address King City, Mo. Date signed 2/23/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

X19511

RECEIVED
District Health Officer No. 11,
District File Number 340-282
Date Filed MAR 8 1948

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 J. Fred Zerbinos, Registered Apprentice No. 1279 working under my personal supervision.

Signed J. Fred Zerbinos

Licensed Embalmer No. 1279

P. O. Address Savannah 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.