

RIP MAR 11 1940

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

6585  
Do not use this space.

1. PLACE OF DEATH

(a) County Gentry Registration District No. 312  
(b) Township Jackson Primary Registration District No. 4188 Registered No. \_\_\_\_\_  
(c) City King City MO (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 SHERMAN SILAS TURNER

(a) Residence, No. King City 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 Male  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16, 1865  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
75 11  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. Farm  
10. Date deceased last worked at this occupation (month and year) 1-9-17  
11. Total time (years) spent in this occupation 35  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barnard MO  
MO

FATHER  
13. NAME Andrew J Turner  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
MOTHER  
15. MAIDEN NAME Fannie Mc'Brien  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn

17. INFORMANT Mrs Ray O'Grady (ADDRESS) Marysville MO  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE King City DATE Feb 29, 1940  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. Fred Kuhse  
Spartan MO  
20. FILED Mr. J. P. Doney Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28-40  
22. I HEREBY CERTIFY That I attended deceased from Feb 20 1940, to Feb 27 1940  
I last saw him alive on Feb 27 1940 Death is said to have occurred on the date stated above, at 8 a. m.  
The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis  
Coronary Thrombosis  
Date of onset 2/20/40  
Other contributory causes of importance: 94 lb

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? If so, specify \_\_\_\_\_ (Signed) J. P. Doney M. D.  
(Address) King City, MO

WHITE 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.

**RECEIVED**

District Health Officer No. 11

District File Number 340-283

Date Filed MAR 6 1940

**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, .....

*J. Fred Turburn*, or by .....

Registered Apprentice No. *1279*, working under my personal supervision.

Signed *J. Fred Turburn*

Licensed Embalmer No. *1279*

P. O. Address *Savannah*

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.