

Registration District No. 775Primary Registration District No. 6020-ARegistrar's No. 17

1. PLACE OF DEATH

(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 70
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME EMELINE TURNER 656
8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Isaac H. Turner 6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased August 3 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 6 8 hr. min.

9. Birthplace Washington Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Maston C. Whaley 9

18. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Wearing

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Isaac Turner

(b) Address N. B. Street, Bonne Terre, Mo

17. (a) Burial (b) Date thereof Feb. 14, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B. J. Cemetery

18. (a) Signature of funeral director Berham & Co.

(b) Address 313 Berham & Co. Bonne Terre

19. (a) 2-14-40 (b) N. W. Hawkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. North A St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1940 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from 11-1-, 1939, to 2-12-, 1940;
that I last saw her alive on 2-9-, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myo-carditis and old age Duration 3

Due to _____

Due to _____

Other conditions Fractured l. femur
(Include pregnancy within 3 months of death)

Major findings: 11-1-40, contributory. PHYSICIAN _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Fract. l. femur

(b) Date of occurrence 11-1-39

(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? At home

While at work? _____ (Specify type of place)

(e) Means of injury fall

23. Signature H. A. Roebler, M.D. (M. D. or other) M.D.

Address Bonne Terre, Mo. Date signed 2-17-40

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.....

G. J. Claywell

Licensed Embalmer No.....

3706

P. O. Address.....

Bonnie Terrace 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.