FILED JUN 2 ^ 1940

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

18864
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence — Registration District No. 470

(b) Township — Primary Registration District No. 5633 — Registered No. 48

(c) City Mt. Vernon Twp — (d) Street No. Mo. State Sanatorium 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. mos. 35 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 656 Frances Turner

(a) Residence, No. Boonville, Mo St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: E. L. Turner, Jr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 18, 1917

7. AGE: YEARS 22 — MONTHS 9 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) December 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nelson, Missouri

FATHER
13. NAME: Una S. Marshall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nelson, Missouri

MOTHER
15. MAIDEN NAME: Pearl Tucker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pilot Grove, Missouri

17. INFORMANT (ADDRESS): E. McMichael, Record Clerk, Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boonville, Mo DATE May 9, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): STEGNER - KOENIG, BOONVILLE Mo

20. FILED 5-10-, 1940 P A Holmes, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1940xxxxxx

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1940, to May 9, 1940

I last saw her alive on May 9, 1940. Death is said to have occurred on the date stated above, at 6:00 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Winter 1937 — Date of onset

Other contributory causes of importance: 23

Name of operation ..... Date of .....

What test confirmed diagnosis? Sputum Was there an autopsy? No

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? No.
If so, specify .....
(Signed) [signature], M. D.
421 (Address) Mt. Vernon, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

X14028

RECEIVED
District Health Officer No. 6,
District File Number 640-1371
Date Filed JUN 10 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, ...

....., or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.