

Registration District No. 689Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County PIKE
 (b) City or town LOUISIANA
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
401 SOUTH D. ST.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether
 In this community ENTIRE LIFE
 years, months or days)

8. (a) PRINT
FULL NAMEBETTY BERNICE TURNER8. (b) If veteran,
name war. —8. (c) Social Security
No. —4. Sex FEMALE5. Color or
race NEGRO6. (a) Single, widowed, married,
divorced. —6. (b) Name of husband or wife —6. (c) Age of husband or wife if
alive — years7. Birth date of deceased AUGUST 1 1931
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

9119

hr.

min.

9. Birthplace

PIKE CO

(City, town, or county)

MO

(State or foreign country)

10. Usual occupation

0

11. Industry or business

0

MOTHER

FATHER

12. Name JAMES EDWIN TURNER13. Birthplace PIKE CO MO
(City, town, or county) (State or foreign country)14. Maiden name MILDRED BROWN15. Birthplace PIKE CO MO
(City, town, or county) (State or foreign country)16. (a) Informant's own signature James Turner(b) Address 401 S. D. St Louisiana Mo17. (a) BURIAL (b) Date thereof SEPT 22 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Eolia Cemetery18. (a) Signature of funeral director W. F. Suda(b) Address Louisiana Mo19. (a) Sept 22/40 (b) W. F. Suda
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE
 (c) City or town LOUISIANA
 (If outside city or town limits, write "RURAL")
 (d) Street No. 401 S. D. ST
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 19
 year 1940 hour 5:00 minute — P. M.

21. I hereby certify that I attended the deceased from
Sept 17, 1940, to Sept 19, 1940
 that I last saw her alive on Sept 19, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Nephritis

Duration

2 days

Due to

Scarlet Fever (History)

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 sta-
tistically.

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

(a) Accident, suicide, or homicide (specify) neg.
 (b) Date of occurrence neg.
 (c) Where did injury occur? neg.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
neg.

While at work? neg. (Specify type of place)(e) Means of injury neg.

23. Signature Emil Mayer (M. D. or other) —
 Address Louisiana, Mo Date signed Sept. 20 1940

RECEIVED

District Health Officer No. 10

District File Number 10-40-1902

Date Filed OCT 9 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.....

Harold Garner

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Harold Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana

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.