

**FILED NOV 15 1940**

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 107

**1. PLACE OF DEATH:**  
 (a) County Jasper  
 (b) City or town Webb City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 214 North Tom Street  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Mrs. Famy Turner  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W. 6. (a) ~~Single~~, widowed, married, divorced \_\_\_\_\_  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Unknown (Month) (Day) (Year)

**8. AGE:** Years About 79 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min \_\_\_\_\_

9. Birthplace no data Illinois (City, town, or county) (State or foreign country)

10. Usual occupation At home 9

11. Industry or business 9

12. Name John Gaston 9

13. Birthplace no data (City, town, or county) (State or foreign country)

14. Maiden name Ellen Darwin

15. Birthplace no data (City, town, or county) (State or foreign country)

16. (a) Informant Henry Mullins

(b) Address Webb City, Mo

17. (a) burial (b) Date thereof: 10/7/40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Missouri

19. (a) OCT. 7. 1940 (b) J. L. C. [Signature] (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jasper  
 (c) City or town Webb City To Most (If outside city or town limits, write "RURAL")  
 (d) Street No. 214 North Tom St. (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 4 year 1940 hour 11:15 minute \_\_\_\_\_ P. \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from July 11, 1940, to Oct 9, 1940; that I last saw her alive on Oct 3, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach with general abdominal metastases  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none 4-b (Include pregnancy within 3 months of death)

Major findings: Of operations no op. Of autopsy no aut.

Duration 1 1/2 yrs  
 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) no

(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? no

While at work? 377 (Specify type of place) Means of injury \_\_\_\_\_

23. Signature Thomas A. LaForte (M. D. or other) MD

Address 607 Main Joplin Mo Date signed 10/7-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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.....

*E. W. Hedg*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed..... *E. W. Hedg*

Licensed Embalmer No. *285-9*

P. O. Address *Stebb Pk*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**