

Registration District No. 23-8

Primary Registration District No. 5361

Registrar's No. 2

FEB 17 1941

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

1. PLACE OF DEATH:

(a) County DeKalb  
(b) City or town Rural Sherman  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 12 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb  
(c) City or town Rural  
(If outside city or town limit, write "RURAL")  
(d) Street No. Eight mi North of Clarkdale  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25  
year 1941 hour 9 minute A M.  
21. I hereby certify that I attended the deceased from Jan 25, 1941, to Jan 25, 1941.  
that I last saw him alive on Jan 25, 1941,  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME HOMER ROY TURNER

3. (b) If veteran, name war World War 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Verna Turner 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec 3 1889  
(Month) (Day) (Year)

8. AGE: Years 51 Months 1 Days 22 If less than one day hr. min.

9. Birthplace DeKalb Ga Mo. D  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Turner  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Elizabeth Brunner  
15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Verna Turner  
(b) Address Amity, Mo.

17. (a) Burial (b) Date thereof Jan 27, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Windsor

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City, Mo

19. (a) 1/27 1941 (b) Man E. M. Davis  
(Date received local registrar) (Registrar's signature)

Immediate cause of death Chokeberry  
Duration 1 hr

Due to \_\_\_\_\_  
Due to g. 2 h  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(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? 9 22

23. Signature E. M. Brunner (Specify type of place) (e) Means of injury \_\_\_\_\_  
Address Amity, Mo (M. D. or other) D  
Date signed 1/25/41

Mrs C. M.  
Davis

FEB 24 1946

**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 Lucile M. Wilson

Licensed Embalmer No. 2830

P. O. Address King City 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.**