

**FILED FEB 17 1941**

Registration District No. 470

Primary Registration District No. 5433

Registrar's No. 12

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

305  
00

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 290 days  
In this community 290 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Virgil Larkin Turner

8. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. Not known

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Turner

6. (c) Age of husband or wife if alive not known

7. Birth date of deceased November 4 1906  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>34</u>	<u>2</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Luther Samuel Turner

18. Birthplace Ava Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Stella Josephine Roller

15. Birthplace Ava Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk

(b) Address Mo. S. Sanatorium, Mt. Vernon

17. (a) Burial (b) Date thereof 1-23-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arno

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) Jan 27 - 1941 (b) P. A. HOLMES  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

(c) City or town Ava "Rural"  
(If outside city or town limits write "RURAL")

(d) Street No. R# 1 (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3400

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22  
year 1941 hour 4 minute 25 a. M.

21. I hereby certify that I attended the deceased from April 8 1940 to January 21 1941;  
that I last saw him alive on January 21 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis 2 1/2 years

Due to multiple 26 abscesses.

Other conditions (include pregnancy within 3 months of death) 13 1/2"

Major findings: Of operations \_\_\_\_\_

Of autopsy Pulmonary tuberculosis - multiple 26 abscesses -

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underlines 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) \_\_\_\_\_

(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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. W. ... (M. D. or other) One M.D.

Address Mt. Vernon Date signed 1-22-41

RECEIVED

District Health Officer No. 6,

District

141-214

FEB 7 1941

Date Filed

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

*W. B. Hutchinson*

Licensed Embalmer No.

3431

P. O. Address

*wa me*

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.