No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10978

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

19
2
5

1. PLACE OF DEATH:

(a) County JASPER

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

(c) Name of hospital or institution: St. John's Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether

In this community 18 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JASPER 49

(c) City or town Joplin 2 (If outside city or town limits, write "RURAL")

(d) Street No. 105 Connor Avenue 5 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MAY EUNICE HORINE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September (Month) 20 (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	5	9	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Gilver Martin Turner
13. Birthplace (City, town, or county) South Carolina (State or foreign country)

MOTHER
14. Maiden name Hawkins
15. Birthplace Rolla (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Robt. W. Horine

(b) Address 105 Connor, Joplin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Cemt. Aurora, Mo.

18. (a) Signature of funeral director Langhee Mortuary

(b) Address 1502 Joplin St. Joplin, Mo.

19. (a) 3-1-41 (Date received local registrar) (b) Ed B. James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1941 hour 3 minute 05 A.M.

21. I hereby certify that I attended the deceased from Jan 1- 1930, to Mar 1 1941; that I last saw her alive on Feb 28 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Liver	6 yrs
Due to 46	
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 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? 372 (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) [signature]

Address Joplin, Mo. Date signed 3/1/41

(Licensed Embalmer's Statement on Reverse Side)

41-4-344

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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

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