S. No. 2
I—5-42
5-17-39

FILED MAY 27 1943

19
2
5

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18154

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 254

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: 218 Penn. 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 all his life years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper 2 5

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

(d) Street No. 218 Penn. (If rural, give location)

(e) Citizen of foreign country? **** (Yes or No) 0

If yes, name country ****

3. (a) PRINT FULL NAME Fred Doolittle Turnley

3. (b) If veteran, name war No

3. (c) Social Security No. No record

4. Sex M

5. Color or race W 0

6. (a) Single, widowed, married, divorced Single 0

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

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

7. Birth date of deceased Sept 21st 1892 (Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Joplin Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Painter

11. Industry or business Painter

FATHER
12. Name Allen C Turnley
13. Birthplace No record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Eddie E Morris.
15. Birthplace No record (City, town, or county) 9 (State or foreign country)

16. (a) Informant W. S. Turnley

(b) Address Kansas City Kansas.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof May 3rd 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview.

18. (a) Signature of funeral director Hurlbut Undertaking Co.

(b) Address Joplin Missouri

19. (a) 5-3-43 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr 28 1943 to May 1 1943 that I last saw him alive on May 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 13 bl

Major findings:
Of operations .....
Of autopsy .....

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature C. E. Coats (M. D. or other)

Address 206 Wiser Bldg Joplin Date signed 5-3-43

1204

(Licensed Embalmer's Statement on Reverse Side)

43-6-437

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 Terry K. Hurebut

Licensed Embalmer No. 9-9

P. O. Address Joplin 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, fact should be so stated above.