

AUG 30 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 430

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: St. Johns Hospital
(d) Length of stay: In hospital or institution 24 Hrs.
In this community 18 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 1705 Ky.
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Vivian Inga Turner

3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife James E 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased Dec 7 1917

8. AGE: Years Months Days If less than one day
25 7 25 hr. min.

9. Birthplace Marathon Iowa

10. Usual occupation Housewife

11. Industry or business

12. Name D. H. Houghtaling
13. Birthplace Fayetteville Ark.
14. Maiden name Myrtle Woody
15. Birthplace Lake City Iowa

16. (a) Informant James E. Turner

(b) Address 1705 Ky

17. (a) Removal (b) Date thereof 8/2/43

(c) Place: burial or cremation Lake City, Iowa

18. (a) Signature of funeral director Parker-Hungaker

(b) Address Joplin, Missouri

19. (a) 8-2-43 (b) Gertrude Duedorfer

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1 st. year 1943 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from 1942 Aug. 1943 Aug 1 - 1943
that I last saw him alive on Aug 1 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Cardiac Failure : 7 yrs.

Due to Chv. Bronchial asthma.

Due to

Other conditions (Include pregnancy within 3 months of death) 112

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature A. F. Crawford (M. D. or other)
Address 631 Prince Betty Date signed 8-2-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

28529

10

43-7-682

SEP 8 1951
APR 5 1955

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 with the above constitutes grounds for revocation of license.)

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