

FILED OCT 9 1943

Registration District No. 3543

Primary Registration District No. 3010

Registrar's No. 301

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
21 North Sprigg Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 21 North Sprigg Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Abna T. Turner

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James A. Turner 6. (c) Age of husband or wife if alive 1862
7. Birth date of deceased August 9th (Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation Domestic Housework

11. Industry or business.....

12. Name Rasor
13. Birthplace Don't Know (City, town, or county) (State or foreign country)
14. Maiden name Emily DeWitt
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma Nothdurft
(b) Address Cape Girardeau, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lorimier Cent.

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Mo.
19. (a) 10-1-43 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from September, 1942, to September, 1943:

that I last saw her alive on 24th day of Sept., 1943 and that death occurred on the date and hour stated above.
Immediate cause of death myocardial failure Duration

Due to myocardial in sufficiently 1 yr

Due to advanced age

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations..... Of autopsy.....
PHYSICIAN 9322
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?
While at work?..... (Specify type of place) (e) Means of injury 2

23. Signature F. H. Phelps (M. D. or other) DD
Address Cape Girardeau Mo. Date signed 9/25/43

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

1014

RECEIVED

District Health Officer No. 4
District File Number 1043-2813
Date Filed 10-6-43

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 Howard P. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Missouri

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.