

No. 2
-2-43
5-17-39
I X3567

ED FEB 1 1944
Registration District No. 256

Primary Registration District No. 2001

Registrar's No. 24

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:
1201 Kentucky Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 10 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin
(If outside city or town limits, write "RURAL") 3

(d) Street No. 1201 Kentucky Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Horace Turner

3. (b) If veteran, name was unknown

3. (c) Social Security No. unknown

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced, unknown

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

7. Birth date of deceased: unknown, about 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 10 day 10
year 1944 hour 30 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
Duration _____

Due to _____

Due to _____

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

8. AGE: Year Months Days If less than one day
about 67 hr. min.

9. Birthplace: unknown (City, town, or county) (State or foreign country) 9

10. Usual occupation: retired

11. Industry or business _____

MOTHER FATHER { 12. Name: unknown
13. Birthplace: unknown (City, town, or county) (State or foreign country) 9
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Audley Hervey
(b) Address: Joplin, Missouri

17. (a) burial (b) Date thereof: 1/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Fairview Cemetery

18. (a) Signature of funeral director: PARKER-HUNSAKER
(b) Address: 1502 Joplin, Joplin Mo.

19. (a) 1-12-44 (b) [Signature] (Date received local registrar) (Registrar's signature)

Major findings: Of operations: gfa
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? _____

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

23. Signature: [Signature] (M.D. or other) 3/10/44
Address: [Address] Date signed

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

1254

44-1-20

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.