

FILED JUL 26 1944
Registration District No. **2001**

Primary Registration District No. **2001**

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 **12 hours**
(Specify whether years, months or days)
In this community **25 years**

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") **5**
(d) Street No. **118 So. Galena**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME

Edd Turner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **Mar h 24 1905**
(Month) (Day) (Year)

8. AGE: Years **39 now** Months **3** Days **17** If less than one day hr. min.

9. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Lead & Zinc Miner**

11. Industry or business

12. Name **Jim Turner**

13. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Lula Webb**

15. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Opal Loyd**
(b) Address **512 N. Cox**

17. (a) **Burial** (b) Date thereof **7-10-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Peace**

18. (a) Signature of funeral director **Hurlbut Und. Co.**

(b) Address **Joplin, Missouri**

19. (a) **7-10-44** (b) **Gettunde Sudhalter**
(Date received local registrar) (Registrar's signature)

1204 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8**
year **1944** hour **9:20 A.** M. minute M.

21. I hereby certify that I attended the deceased from **7-5**, 19**44** to **7-8**, 19**44**
that I last saw him alive on **7-8**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Valvular Heart Disease**
Duration

Due to

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?

While at work (Specify type of place) (e) Means of injury

23. Signature **Edd Turner** (M. D. or other)

Address **Joplin, Mo.** Date signed **7-10-44**

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

W. C. Jasper

44-6-580

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ~~by~~, or by.....

Richard Gray Lewis....., Registered Apprentice No. *365*
working under my personal supervision.

Signed.....
Terry K. Hurlburt

Licensed Embalmer No. *959*

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.