

FILED DEC 29 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 156

Primary Registration District No. 3001

Registrar's No.

1. PLACE OF DEATH:

(a) County **Newton**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3340 Pearl /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton** 73
(c) City or town **Joplin** 2
(If outside city or town limits, write "RURAL")
(d) Street No. **3340 Pearl** 5
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Norvil Eugene Turner**

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

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

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

7. Birth date of deceased **October 24 1902**
(Month) (Day) (Year)

8. AGE: Years **43** Months **1** Days **14** If less than one day hr. min.

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

10. Usual occupation **Florist**

11. Industry or business

12. Name **J.E. Turner**

13. Birthplace **Mount Vernon, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Hillhouse**

15. Birthplace **Mount Vernon, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant (b) Address **3340 Pearl St.**

17. (a) **Burial** (b) Date thereof **12-12-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Mount Hope Cem.**

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

(b) Address **Joplin, Mo.**

19. (a) **12-10-45** (b) **Ed D James**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **8**
year **1945** hour **1** minute **00** P.M.

21. I hereby certify that I attended the deceased from **Aug 21** 1945 to **Dec 8** 1945 that I last saw him alive on **Dec 8** 1945 and that death occurred on the date and hour stated above.

Immediate cause of death. **Coronary occlusion**

Due to **12/8**

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 **J. A. Chennault** (M. D. or other)

Address **Joplin, Mo** Date signed **12/10/45**

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

MOTHER FATHER

1405

(Licensed Embalmer's Statement on Reverse Side)

45-12-967

MAR 11 1940

MAR 22 1940

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

Henry K. Huber

Licensed Embalmer No. *959*

P. O. Address *Opplen Neck*

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.