. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4603

FILED MAR 5 1948

Registration District No. 125

Primary Registration District No. 5461

Registrar's No.

39

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

1. PLACE OF DEATH:

(a) County Green

(b) City or town Rogersville, Rt2 Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Three Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Green~~ Douglas 34

(c) City or town ~~Rogersville~~ Ava
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME George William Turner

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lue Turner

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

7. Birth date of deceased May 15, 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	87	8	18	..... hr. ..... min.

9. Birthplace ------ Ind. /
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business .....

FATHER
12. Name Ned Turner
13. Birthplace ---- Ind. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Liz ie Clemmins
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maude Smith
(b) Address Rogersville, Missouri

17. (a) Burial (b) Date thereof 2/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Taber

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) Feb 4-1948 (b) Mrs. Frank Smith 108
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1948 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 20, 1948, to Jan 23, 1948; that I last saw him alive on Jan 23, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

Zoe

PHYSICIAN

Underline the cause of 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? 2
(Specify type of place)

While at work? (e) Means of injury .....

23. Signature Dr R C Hammond (M. D. or other)

Address Ava, Mo Date signed Feb 4/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 48-3-26
Date Filed 3-1-48

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 W B Hutchinson

Licensed Embalmer No. 3431

P. O. Address Ava 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.