. S. No. 2
DM—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7138
Registrar's No. 1594

Registration District No. 318
Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethesda General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 29 days (Specify whether years, months or days)
In this community: 29 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Dunklin 35
(c) City or town: Senath 4 (If outside city or town limits, write "RURAL") 0
(d) Street No.: R.R (If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME: Melvin Turner
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 7 (Month) 13 (Day) 32 (Year)

8. AGE: Years 15 Months 2 Days 1 If less than one day hr. min.

9. Birthplace: Senath (City, town, or county) Mo (State or foreign country)
10. Usual occupation: school boy
11. Industry or business:
FATHER
12. Name: Floyd Turner
13. Birthplace: Dunklin Co. (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name: Dorothy Smith
15. Birthplace: (City, town, or county) Ill (State or foreign country)
16. (a) Informant: Floyd Turner
(b) Address: Hornersville Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hornersville Mo
18. (a) Signature of funeral director: Buckman & Son
(b) Address: Hornersville Mo
19. (a) FEB 28 1948 (Date received local registrar) (b) J. F. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14 year 1948 hour 9:00 a.m. minute — a.m.
21. I hereby certify that I attended the deceased from 15 Jan 1948, 19..., to 14 February, 19 48, that I last saw him alive on 14 February, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute pulmonary edema	1 day
Multiple cerebral embolization?	1 hour.
Due to: Mitral stenosis	6 yrs.
Auricular fibrillation.	1 day
Due to: Rheumatic heart disease	7 yrs
Other conditions: Bacterial endocarditis? (Include pregnancy within 3 months of death)	1 mo?

Major findings:
Of operations: No
Of autopsy:

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Joseph N. Nelson (M. D. or other) MD
Address: 3649 Vista Avenue Date signed: 14 Feb 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Not Embalmed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.