

DEPARTMENT OF COMMERCE... THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED SEP 21 1948** **STANDARD CERTIFICATE OF DEATH**

State File No. **29028**  
Registrar's No. **268**

Registration District No. **43** Primary Registration District No. **5135**

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

1. PLACE OF DEATH:  
(a) County **Butler**  
(b) City or town **Braselley**  
(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 **1**  
In this community **Life** years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Butler**  
(c) City or town **Braselley**  
(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 **Virgil Turner**  
3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **6** day **6** year **48** hour **3** minute **am**

4. Sex **MO** 5. Color or race **W**  
6. (a) Single, widowed, married **1** divorced **Married**  
6. (b) Name of husband or wife **Etha Turner** 6. (c) Age of husband or wife if alive **71** years  
7. Birth date of deceased **Aug 3 1877**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 18, 48** to **June 6, 48** that I last saw him alive on **3 June, 48** and that death occurred on the date and hour stated above.

8. AGE: Years **70** Months **10** Days **3** If less than one day hr. min.  
9. Birthplace **Ohio Co Tenn**  
(City, town, or county) (State or foreign country)

Immediate cause of death  
Due to **Cardiac Recompensation / no**  
**Hepatitis / Heart**  
**Disease**  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy **4319**

10. Usual occupation **Farming**  
11. Industry or business  
12. Name **Andrew Turner**  
13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Sophona M. Turner**  
15. Birthplace **Tenn**  
(City, town, or county) (State or foreign country)

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) (e) Means of injury

16. (a) Informant **Virgil De Turner**  
(b) Address **Braselley Mo**  
17. (a) **Burial** (b) Date thereof **6-7-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Bryana Chapel**  
18. (a) Signature of funeral director **Howard Payne**  
(b) Address **Bryana Chapel**  
19. (a) **8/17/48** (b) **W. J. ...**  
(Date received local registrar) (Registrar's signature)

22. (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) (e) Means of injury  
While at work (Specify type of place) (e) Means of injury  
22. Signature **W. J. ...**  
Address **2200 Lab Poplar Bluff Tenn 38414**

**RECEIVED**

District Health Office No. 2,

District File Number 448-1192

Date Filed 9-20-41

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**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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

Lloyd Russell

Licensed Embalmer No.

509 Ark

P. O. Address

Tuygett Ark

**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.**