S. No. 2
M—2-43
. 5-17-39
I X35697

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

1891

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3901

FILED FEB 11 1946

Registration District No. ____ Primary Registration District No. 3059 Registrar's No. 38

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 11 S. Lang St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre (If outside city or town limits, write "RURAL")
(d) Street No. 11 S. Lang St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME HAMILTON ALBERT TURLEY
3. (b) If veteran, name war ✓
3. (c) Social Security No. 499-01-0136

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

6. (b) Name of husband or wife May Turley
6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Dec. (Month) 17 (Day) 1901 (Year)

8. AGE: Years 44 Months 1 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business ____

MOTHER
12. Name Lee Turley
13. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country)

FATHER
14. Maiden name Fannie Beasley
15. Birthplace Silver Springs (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Courtland Turley
(b) Address 47 Mound Bonne Terre Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12 1946 (Month) (Day) (Year)
(c) Place: burial or cremation St Joseph's Cemetery

18. (a) Signature of funeral director Benham Mortuary
(b) Address 313 Benham Bonne Terre Mo

19. (a) Jan 31, 1946 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th year 1946 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 8 - 46, 19____, to Jan 10 1946, that I last saw him alive on Jan 9 - 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	3 days.
Due to Hypertension	5 yrs (?)
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature J. P. Colon (M. D. or other)
Address Bonne Terre Mo Date signed 1-12-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 246-1702

Date Filed 2-8-46

FEB 27 1946

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 G. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.