

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Same Seno
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. Route 21
(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)

3. (a) PRINT FULL NAME FINIS EPHRIM TURLEY
(b) If veteran, name war _____
(c) Social Security No. 498-244675

4. Sex Male Color or race White
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Sarah Legada Turley
(c) Age of husband or wife if alive 7 years
7. Birth date of deceased: June 11 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 27
If less than one day _____ hr. _____ min.

9. Birthplace St. Francois Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
12. Name Benona Turley
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Ladusta O'Connor
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William B. Turley 1
(b) Address Flat River Mo
17. (a) Burial (b) Date thereof 5-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation B. J. Cemetery

18. (a) Signature of funeral director Benjamin Boone Co.
(b) Address 319 Benjamin Boone Ave Mo
19. (a) 3-15-45 (b) Ernest Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Same Seno 911
(If outside city or town limits, write "RURAL")
(d) Street No. R. Route 2 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1945 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb. 3
1945 to Mar. 7 1945
that I last saw him alive on Mar. 7 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Stenosis

Due to Max Edwards

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 94a
Of autopsy _____

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) (a) Means of injury 2

23. Signature B. M. Warts (M. D. or other) MD
Address Bedford Ave Mo Date signed 3/9-45

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

4000

RECEIVED

District Health Officer No. 4
 Identification File Number 345-372
 Date Filed 3-19-45

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 C. 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.