

No. 2  
M-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 9 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4190  
Registrar's No. 138

Registration District No. 316 Primary Registration District No. 6068

1. PLACE OF DEATH:  
(a) County St. Francois  
(b) City or town St. Valle Mines St. River  
(c) Name of hospital or institution:  
near Valle Mines Mo  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Francois  
(c) City or town Valle Mines  
(d) Street No. Rural Route  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELIZABETH EPISON TURLEY  
3. (b) If veteran. ✓ name war. \_\_\_\_\_  
3. (c) Social Security No. ✓

20. DATE OF DEATH: Month Dec day 31 year 1943 hour 12 minute 15 P. M.  
21. I hereby certify that I attended the deceased from Aug 10 1939 to Oct 16 1943  
that I last saw her alive on Oct 16 1943  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Joseph Turley  
6. (c) Age of husband or wife if alive 7 years  
Birth date of deceased Sept. 4 1848  
(Month) (Day) (Year)

Immediate cause of death Cardio Vascular collapse  
Due to general impurities  
Head had paralysis  
Due to Stroke Aug-1934  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 95 Months 3 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Jefferson Co. Missouri  
10. Usual occupation Retired

11. Industry or business \_\_\_\_\_  
12. Name William Jerry  
13. Birthplace Kentucky  
14. Maiden name Unknown  
15. Birthplace Unknown

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) (e) Means of injury \_\_\_\_\_

16. (a) Informant Thomas Turley  
(b) Address Valle Mines Mo  
17. (a) Rural (b) Date thereof 12-24-43  
(c) Place: burial or cremation Mount Olive Cemetery  
18. (a) Signature of funeral director Bertha Bonner  
(b) Address 919 Benton Bonner  
19. (a) Jan 5-1944 (b) Burdie Buhmester  
(Date received local registrar) (Registrar's signature)

23. Signature B. J. Warty (M.-D. or other) DO  
Address Bark River Mo Date signed 1/29/43

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

94  
0  
0

94  
0  
0

1186

RECEIVED

District Health Officer No. 4  
District File Number 244-3305  
Date Filed 2-7-44

**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 A. 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.**