

Turner, Godfrey 1874 - 1953

The Cynthiana Democrat – August 13, 1953

Godfrey Turner

Funeral services for Godfrey Turner, 79, were held Sunday afternoon at the Mt. Pleasant Methodist Church conducted by Rev. E. M. Armitage. Burial was in Mt. Pleasant Cemetery.

Pallbearers selected, all grandsons of the deceased, were: Harold, Garnett and Kenneth Henson, Billie Taylor, James Dennis and Howard Florence.

Honorary pallbearers were John Dunn, George Whitaker, William Sharppler, Wood Hill, Virgil Colvin and Wesley Paynter.

Mr. Turner died Thursday, Aug. 6, 1953, at his residence at Avena after an illness of 18 months.

A native of Harrison County, Mr. Turner was born June 28, 1874, a son of the late Ezekiel and Angeline Prows Turner. He was a member of Mt. Pleasant Methodist Church.

He is survived by his wife, Mrs. Bessie Kearns; two daughters, Mrs. William Taylor, Cynthiana, and Mrs. Gilbert Henson, Harrison County; and one son, Robert Turner, Cynthiana.



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Form V. & 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		53 16341 FILE NO. 116 REGISTRAR'S NO. 106
Registration District No. 670		Primary Registration District No. 5801		
1. PLACE OF DEATH a. COUNTY HARRISON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KENTUCKY b. COUNTY HARRISON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CYNTHIANA R.F.D.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CYNTHIANA R.F.D.		
c. LENGTH OF STAY (in this place) ?		d. STREET ADDRESS (If rural, give location) AVENA		
d. FULL NAME OF HOSPITAL OR INSTITUTION AVENA		4. DATE OF DEATH (Month) (Day) (Year) AUGUST 6, 1953		
3. NAME OF DECEASED a. (First) Type or Print) GODFREY		b. (Middle) TURNER		c. (Last) TURNER
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 28, 1874	9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) HARRISON COUNTY KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME EZEKIEL TURNER		
14. MOTHER'S MAIDEN NAME ANGELINE PROWS.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		
16. SOCIAL SECURITY NO. NO		17. INFORMANT MRS. BESSIE TURNER.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Cardiovascular disease DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X-070-16		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ P. M., from the causes and on the date stated above.				
23a. DATE SIGNED		23b. ADDRESS		23c. SIGNATURE (Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 9, 1953		24c. NAME OF CEMETERY OR CREMATORY MT. PLEASANT CEMETERY
24d. LOCATION (City, town, or county) (State) CYNTHIANA R.F.D. KENTUCKY		25a. DATE REC'D BY LOCAL REG. 8-17-53		
25b. REGISTRAR'S SIGNATURE Birdie C. Morgan		26. FUNERAL DIRECTOR SMITH-REES COMPANY, CYNTHIANA, KENTUCKY. BY Huber Morgan. #2741		