

Cynthiana Democrat - April 28, 1949

TURNER

Mrs. Iva Turner, 75, wife of Martin L. Turner, whom she married May 15, 1894, died at her residence on the Millersburg Road, Harrison County, Thursday, April 21, 1949, after several months' illness. A daughter of Samuel Montee and Mary Martin Devers, she was a native of Harrison County where she spent her lifetime. She was a member of the Upper Curry Methodist Church.

Survivors besides her husband are five daughters, Mrs. Henry Henson, Mrs. Leban Clark and Mrs. Albert Nutgrass, all of Cynthiana, Mrs. Walter Simpson and Mrs. W. J. Rice, both of Hamilton, Ohio; four sons, Rev. H. H. Turner, Marion, Ind., and Webster, John Wolf and Taylor Martin Turner, all of Cincinnati, and 26 grandchildren and 14 great-grandchildren.

Services were held Saturday at the First Methodist Church, conducted by Rev. Frank C. King and Rev. Charles Hollar. Burial was in Battle Grove Cemetery.

Pallbearers selected were John W. Turner, Grover Turner, Charles Turner, Albert Nutgrass Jr. and Webster Turner Jr.

Turner, Iva Devers 1874 - 1949

Form V. S. 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		State File No. <u>2117</u> Registrar's No. <u>57</u>	
Registration District No. <u>670</u>		Primary Registration District No. <u>5801</u>			
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Kentucky</u> b. COUNTY <u>Harrison</u> admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Harrison County)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cynthiana R. D. 4</u>		d. STREET ADDRESS (If rural, give location) <u>Millersburg Road (R.R.#4, Cynthiana)</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Iva</u> b. (Middle) c. (Last) <u>Turner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 21, 1949</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 17, 1874</u>	9. AGE (In years last birthday) <u>75</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>8</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison County, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>Samuel Monroe Devers</u>		14. MOTHER'S MAIDEN NAME <u>Mary Martin</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>(None)</u>		17. INFORMANT <u>T.M. Turner</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Dis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 <u>443X-93J</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOME <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10:45</u> <u>April</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>March 26</u> , 19 <u>49</u> , and that death occurred at <u>1:00</u> <u>A.</u> <u>m.</u> , from the causes and on the date stated above.					
23a. DATE SIGNED <u>4/22/49</u>		23b. ADDRESS <u>Cynthiana, Kentucky</u>		23c. SIGNATURE <u>N. D. ...</u> (Degree or title) <u>M. D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 23, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Battle Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Harrison County, Kentucky</u>		25a. DATE REC'D BY LOCAL REG. <u>4-22-49</u>			
25b. REGISTRAR'S SIGNATURE <u>Susan McDowell</u>		25c. FUNERAL DIRECTOR'S SIGNATURE <u>James S. Whaley</u>			