

*Turner, John 1880 - 1944*

Cynthiana Democrat – April 13, 1944

**JOHN TURNER**

John Turner, 64 years old, died Sunday, April 9, at his home on E. Pearl street, this city. He was born in this county March 7, 1880, a son of the late Ezekiel and Hannah A. Mullen Turner, and is survived by his wife, Mrs. Lottie Shingleton Turner, four daughters, Mrs. Orie Fitzwater, Morgan; Miss Wille Christine Turner, Lexington; Mrs. John Whalen, Cynthiana; Mrs. Ira Shumate, Harrison county, and a brother, Godfrey Turner, of Harrison county. Funeral services were held at the Smith-Reese Home Tuesday afternoon at 2:30 o'clock with the Rev. C. I. Snowden officiating, assisted by the Rev. O. E. Turner. Burial in Battle Grove cemetery. Pall bearers, Bennie Price, James Holland, Mark Henson, Veach Whalen, Wesley Paynter and Wood Arnold.

Turner, John 1880 - 1944

1st No 9263

**COMMONWEALTH OF KENTUCKY**  
Department of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Form V. R. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

State File No. 72  
Registrar's No. 72

Registration District No. 670 Primary Registration District No. 2240

1. PLACE OF DEATH: (a) County Harrison Co. Ky.  
(b) City or town Cynthiana  
(c) Name of hospital or institution Home  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community \_\_\_\_\_ (years, months or days)

2. USUAL RESIDENCE OF DECEASED: (a) State Kentucky (b) County Harrison  
(c) City or town Cynthiana  
(If outside city or town limits, write RURAL)  
(d) Street No. Paul St. (If rural give precinct)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME John Turner  
3(b) If veteran, Name war \_\_\_\_\_ 3(c) Social Security No. 704-09-2536

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

6(b) Name of husband or wife Lottie Shigler  
6(c) Age of husband or wife if alive 60 Years  
7. Birth date of deceased March 7 1880 (Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Harrison Co.  
10. Usual occupation Salvage Dealer  
11. Industry or business 4

FATHER 12. Name Ezekiel Turner  
13. Birthplace Harrison Co.

MOTHER 14. Maiden name Harriet A. Muller  
15. Birthplace Harrison Co.

16(a) Informant's own signature John Whalen  
(b) Address Cynthiana, Ky.

17. BURIAL, CREMATION, OR REMOVAL  
Place Cynthiana Date 4-11 1944

18(a) Signature of funeral director W. H. Day  
(b) Address Cynthiana, Ky.

19(a) April 10, 1944 (Date received by local registrar) (b) Warner Price (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH April 9 1944  
21. I hereby certify that I attended the deceased from Feb 18 1944 to April 7 1944 that I last saw him alive on April 8 1944 that death occurred on the date stated above at 7:45 M.  
Immediate cause of death Chaperation of Prostate Gland DURATION 5 mo  
Due to Secondary carcinoma of Prostate gland  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings:  
Of operations 51B-46A  
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? in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
23. Signature W. H. Price (M. D. or other)  
Address Cynthiana, Ky. Date signed April 10 1944

800/11201  
9-23-55

EXAMINE THE SIGNATURES OF THE REGISTRAR AND THE PHYSICIAN CAREFULLY. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.