DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39295

Registration District No. 1969

Primary Registration District No. 4099

Registrar's No. 44

1. PLACE OF DEATH:

(a) County: Chariton

(b) City or town: Dalton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community all her life (Specify whether years, months or days) 65

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Chariton

(c) City or town: Dalton (If outside city or town limits, write "RURAL")

(d) Street No. ____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: ELLEN-TURNER

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Female

5. Color or race: Black

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Wilson (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: not known (Month) 1861 (Year)

8. AGE: Years 78 | Months – | Days – | If less than one day ____ hr. ____ min.

9. Birthplace: Chariton County (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: 9

MOTHER FATHER

12. Name: Calvin Wheeler

13. Birthplace: Dalton (City, town, or county) Mo (State or foreign country)

14. Maiden name: Don't know

15. Birthplace: Don't know (City, town, or county) ____ (State or foreign country)

16. (a) Informant's own signature: Anthony Turner

(b) Address: Dalton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 24-1939 (Month) (Day) (Year)

(c) Place: burial or cremation: Dalton Mo.

18. (a) Signature of funeral director: Hyde & Bennett

(b) Address: Keytesville Mo.

19. (a) Nov. 22-1939 (Date received local registrar) (b) Harry E. Tatum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1939 hour 10 minute 8 P. M.

21. I hereby certify that I attended the deceased from October 27, 1939, to Nov 21, 1939; that I last saw h. alive on October 27, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic endocarditis	Don't know
Due to: Don't know	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic nephritis	Don't know

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature: Carl C. Heger (M. D.)

Address: Keytesville, Mo Date signed 11/22/39

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 8
District File Number 14293
Date Filed

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 H. D. Barnett, Registered Apprentice No. ....., working under my personal supervision.

Signed H. D. Barnett

Licensed Embalmer No. 3046

P. O. Address Keytesville 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, above space should be left blank.