

Registration District No. 729

Primary Registration District No. 4434

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Cairo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Cairo Missouri
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether years, months or days)
 In this community Thirty year

3. (a) PRINT FULL NAME CORNELIUS S. TURNER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased Sept-12-1861
 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Randolph Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Stock Buyer (Retired)

11. Industry or business _____

MOTHER FATHER { 12. Name Byrd Turner | _____

13. Birthplace Kentucky | _____
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Walden | _____

15. Birthplace Kentucky | _____
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature C. E. Turner

(b) Address H. F. D. #1 Cairo Mo

17. (a) Burial (b) Date thereof Jan-23-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand Prairie

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Moberly Mo

19. (a) Jan 23 1940 (b) Dr. J. P. Allen
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
 (c) City or town Cairo
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20th
 year 1940 hour Three minute Thirty P. M.

21. I hereby certify that I attended the deceased from honorer base 19____; and that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Natural but not determined probably a coronary thrombosis Duration ?

Due to High blood pressure and a history of albuminuria

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death) 94 1/2

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? _____

While at work? _____ (Specify type of place) (e) Means of injury fall

23. Signature E. W. Smader (M. D. or other) physician

Address Moberly, Mo. Date signed 1-22-40

RECEIVED

District Health Officer No. 10

District File Number 4-40-819

Date Filed APR 11 1940

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 Myself

Registered Apprentice No. _____

working under my personal supervision.

Signed Chas. E. Barnes

Licensed Embalmer No. 2414

P. O. Address Moberly 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.