

No. 2
-11-10-39
5-17-39
1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25852

State File No. 31
Registrar's No. 19

Registration District No. 4 Primary Registration District No. 4555

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

1. PLACE OF DEATH: 20
(a) County Newton
(b) City or town Trarby Mo
(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 _____ (Specify whether _____)
In this community 2 yrs years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Newton
(c) City or town Trarby (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 Lena Turner 656
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 25 year 1940 hour 12 minute noon M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ernest Turner 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased May 6 - 1903 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 3 1931 to July 25 1940; that I last saw her alive on July 25 1940; and that death occurred on the date and hour stated above.

8. AGE: Years 37 Months 2 Days 19 If less than one day _____ hr. _____ min.

Immediate cause of death Arthritis
Abdominal Strains from some
Due to interference in portal circulation Duration 12 yrs
Due to _____ 6 mos

9. Birthplace Trarby Mo (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) Y/N

10. Usual occupation Bookkeeping

Major findings: Of operations _____

11. Industry or business _____
12. Name J. C. Wickroy
13. Birthplace McDonalds Mo (City, town, or county) (State or foreign country)
14. Maiden name Frances J. Wickroy
15. Birthplace Trarby Mo (City, town, or county) (State or foreign country)

Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Ernest Turner
(b) Address Woodman Mo
17. (a) Burial (b) Date thereof 7-26-40 (Month) (Day) (Year)
(c) Place: burial or cremation Trarby Mo

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? 5-11 (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Chas. B. Williams
(b) Address Woodman Mo
19. (a) July 26-40 (b) L. B. Owens (Deceased) (Registrar's signature)

23. Signature L. B. Owens (M. D. or other) 1
Address Trarby Mo Date signed 6-26-40

RECEIVED

District Health Officer No. 6,

District File Number 860-2492

Date Filed AUG 19 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.