S. No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Lemmon
State File No. 32017

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 732

39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 830 E. Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
0
(d) Street No. 830 E. Grand
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Joseph Turner
3. (b) If veteran, name war no
3. (c) Social Security No. 491-03-2025
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annett Turner
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased July (Month) 24 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
48	1	13	hr. min.

9. Birthplace Ava, (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Salesman 0
11. Industry or business McGregor Hardware Co. 0

FATHER
12. Name William Turner
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name (Unknown) Burrows
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Annett Turner
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park
18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) Sept. 9, 1940 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7 year 1940 hour 8 minute 45 a. M.
21. I hereby certify that I attended the deceased from 2/20, '39, 19__, to 9/7, 1940; that I last saw him alive on 9/7, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic nephritis (glomerular)	1½ yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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
9 84
23. Signature J. B. Lemmon (M. D. or other) M. D.
Address Springfield, Mo. Date signed 9/7, '40.

(Licensed Embalmer's Statement on Reverse Side)

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. L D Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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, fact should be so stated above.

X