DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32620

Registration District No. 582 — Primary Registration District No. 5779 — Registrar's No. 34

1. PLACE OF DEATH:

(a) County: Monroe

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

(c) Name of hospital or institution: 4½ Mi. W of Paris, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 36 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Monroe

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

(d) Street No.: 4½ Mi. W. of Paris, Mo (If rural, give location)

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

3. (a) PRINT FULL NAME: Fred Julius 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: Married

6. (b) Name of husband or wife: Iva Turner

6. (c) Age of husband or wife if alive: 49 years

7. Birth date of deceased: Dec (Month) 23 (Day) 1887 (Year)

8. AGE: Years 52 | Months 9 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace: Brown Co. (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Trucking of Livestock

11. Industry or business: Farm Products.

FATHER
12. Name: Joel Turner
13. Birthplace: Brown Co. (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name: Emma Cox
15. Birthplace: Brown Co. (City, town, or county) Ill (State or foreign country)

16. (a) Informant's own signature: Iva Turner
(b) Address: Paris, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 30 (Month) (Day) 1940 (Year)
(c) Place: burial or cremation: Walnut Grove

18. (a) Signature of funeral director: Speed & Blakey.
(b) Address: Paris, Mo.

19. (a) 9-29-40 (Date received local registrar) (b) F. A. Garnett, M. D. (Registrar's signature) (R. S.)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1940 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 28 8 P.M., 1940 to Sept 28 at 9:30 P.M., 1940, that I last saw him alive on Sept 28, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Indigestion due to Overloading Stomach

Due to:

Due to: 93 C

Other conditions: Chronic Myocarditis (Include pregnancy within 3 months of death)

Major findings: Of operations: — —

Of autopsy:

Duration

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? 910 — (Specify type of place)

While at work? — (e) Means of injury:

23. Signature: M. C. McMurry (M. D. or other)

Address: Paris, Mo. Date signed: 9-29-40

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 10-40-1909
Date Filed OCT 9 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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.